

# **Montana Child Care Orientation Handbook**

**For Family & Group Day Care Homes**



**Montana Department of  
Public Health & Human Services  
Early Childhood Services Bureau**

DPHHS-HCS/CC-133  
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**This handbook produced by the  
Montana Child Care Resource & Referral Network  
with support from the  
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Early Childhood Services Bureau**

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# **Introduction**

## **Getting Registered as a Family or Group Day Care Home**



*This orientation handbook is an OVERVIEW of key regulations for home daycare rather than a complete list of all applicable regulations. Regulations may be subject to revision by Department of Public Health & Human Services.*

*To find the most recent and complete record of regulations, check your orientation folder for the "State of Montana Requirements for Registration of Family and Group Day Care Homes" (DPHHS-UNPAM-101).*

MONTANA CODE ANNOTATED 52-2-721  
**The Montana Child Care Act**

**52-2-721. License required -- registration required -- term of license or registration certificate -- no fee charged.**

- (1) A person, group of persons, or corporation may not:
  - (a) establish or maintain a day-care center for children, in which day care is provided on a regular basis, unless licensed to do so by the department;
  - (b) operate a family day-care home or group day-care home without first procuring a family day-care or group day-care registration certificate from the department.
- (2) The license and registration certificate must contain the ages and numbers of children for whom day care may be provided.
- (3) The applicant's own children must be included in the manner provided for in department regulations in the total number of children to be cared for under the license or registration certificate.
- (4) The department:
  - (a) may issue a license or registration certificate that remains in effect for a period not to exceed 3 years; and
  - (b) may not charge a fee to issue a license or registration certificate.
- (5) A 3-year license may be issued only to a provider who has not received notice of any deficiencies on the licensing criteria and implementing guidelines that are provided in department rule.
- (6) The department may issue a license to a day-care center in which day care is provided on an irregular basis if the person operating the center chooses to apply for licensure.

**History:** En. Sec. 2, Ch. 247, L. 1965; amd. Sec. 49, Ch. 121, L. 1974; R.C.M. 1947, 10-802; amd. Sec. 3, Ch. 606, L. 1981; amd. Sec. 9, Ch. 692, L. 1989; Sec. , MCA 1987; redes. by Code Commissioner, 1989; amd. Sec. 1, Ch. 135, L. 1999; amd. Sec. 3, Ch. 505, L. 2001.

# **PAPERWORK REQUIREMENTS FOR FAMILY & GROUP HOME REGISTRATION**

## **Checklist of Required Forms**

### **Montana Administrative Rule 37.95.106**

These forms are required for licensing.

- ☐ Application for Registration (DPHHD-QAD-088)
- ☐ Insurance Verification Form (DPHHS-QAD-088a)
  - (Must be completed and signed by Insurance Agent)*
  - ✓ Current Public Liability Insurance
  - ✓ Current Fire Insurance
- ☐ Activity Schedule/Written Plan (DPHHS-QAD-045a)
- ☐ Daycare Menu Form (DPHHS-QAD-045B)
- ☐ Floor Plan/Square Footage Report (DPHHS-QAD-045C)
- ☐ Release of Information (DPHHS-QAD/CCL-20A)
  - (Must be completed in full, signed, dated and notarized)*
  - ✓ Yourself      ✓ Your spouse
  - ✓ Additional caregivers
  - ✓ Anyone else age 18 or older living in your home
- ☐ Statement of Health ((DPHHS-QAD/CCL-20B)
  - (Must be completed in full, signed and dated)*
  - ✓ Yourself      ✓ Your spouse
  - ✓ Additional caregivers
  - ✓ Anyone else age 18 or older living in your home



☐ Immunization Records

*(MMR-Measles, Mumps, Rubella; Td-Tetanus Diphtheria;  
see Page 2 of application)*

✓ Yourself      ✓ Your spouse

✓ Additional caregivers

✓ Anyone else age 18 or older living in your home

☐ First Aid Certification

☐ Infant, Child and Adult CPR Certification

☐ Out-of-State Background Checks

*(If a caregiver or anyone over 18 years of age living in the  
home has lived outside the state of Montana within the last  
five years, an out-of-state background check is conducted  
by DPHHS in accordance with state procedures.)*

☐ Documentation of Basic Day Care Orientation

☐ Documentation of Water Test

*(Needed if on private well)*

☐ Application for Overlap Care (DPHHS-QAD-025c)

*(Optional)*

☐ W-9 Tax ID Form *(This form is necessary if you intend to serve  
low income children on the state-paid child care assistance  
program. Please submit two copies.)*

☐ Written Fire & Emergency evacuation plan

**REMEMBER!**

*Your application will be returned if any of these forms is missing or incomplete. Check your forms to make certain that they are signed and notarized as needed.*

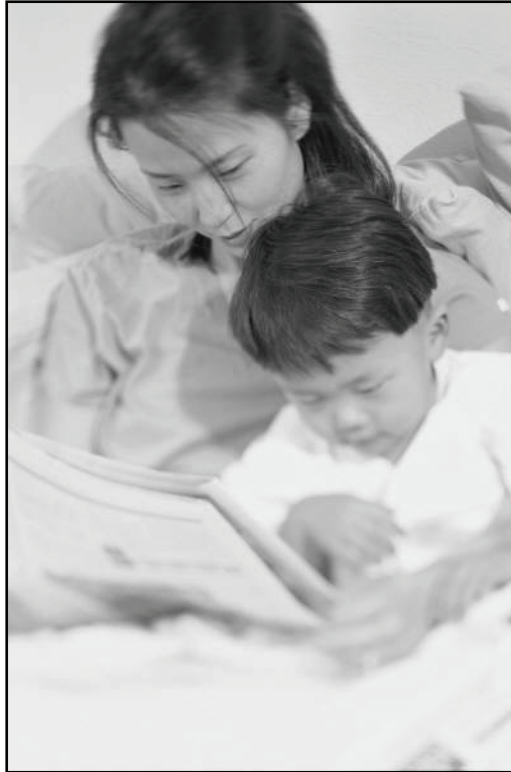
*In addition to the forms listed here, which are needed for licensing application, you will be required to complete and keep additional forms onsite.*

*Download all forms from this website:*

<http://www.dphhs.mt.gov/earlychildhood/index.shtml>

# **Chapter One**

## **Caregiver Qualifications and Responsibilities**



*This orientation handbook is an OVERVIEW of key regulations for home daycare rather than a complete list of all applicable regulations. Regulations may be subject to revision by Department of Public Health & Human Services.*

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## CAREGIVER QUALIFICATIONS FOR ALL DAY CARE FACILITIES

### **Criminal Background Check**

#### 37.95.703-2

- Each director, caregiver, volunteer, support staff adult or person over the age of 18 residing in the home shall have a state criminal, a child protective services/adult protective services (CPS/APS) and if applicable, a tribal criminal and child protective services (CPS) background check.

#### 37.95.176

- Approval or licensure will not be granted if:
  - Any director, caregiver, staff or adult in residence is convicted of a felony or misdemeanor involving:
    - ✓ Child abuse or neglect,
    - ✓ Spousal abuse,
    - ✓ A crime against a child or children (including child pornography),
    - ✓ A crime involving violence, including rape, sexual assault or homicide, but not including other physical assault or battery.
  - Any director, caregiver or adult in residence has been convicted by a court of competent jurisdiction of a felony or misdemeanor involving:
    - ✓ Physical assault,
    - ✓ Battery,
    - ✓ Felony drug-related offense.

- Any director, caregiver or adult in residence who is charged with a crime involving children or physical or sexual violence against any person or any felony drug related offense may not provide care or be present in the facility pending the outcome of the trial.
- No director, caregiver or adult in residence shall be currently diagnosed or receiving therapy or medication for a mental illness or emotional disturbance which might create a risk to children in care.
- No director, caregiver or adult in residence shall be chemically dependent on illegal drugs or alcohol, or use legal drugs or medications in a habitual and inappropriate manner.
- No director, caregiver or adult in residence shall have been named as a perpetrator in a substantiated report of abuse or neglect of a child, elder or developmentally disabled person.

*Has every director, caregiver, volunteer, support staff adult or person over the age of 18 residing in the home had a background check?*



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*Does anyone working in your facility have a criminal background that would prevent them from being approved?*



---

*All providers must report to licensors any changes within their child care facility including staff changes, new members of household, change of phone number or address, and closure of the facility.*

37.95.172

**Child Supervision**

- Caregivers must supervise children at all times. The provider and all caregivers are responsible for direct care, protection, supervision and guidance of children through active involvement or direct observation.



*How does your facility maintain supervision?*



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*How does your staff interact with children?*



---

*Are children's activities adult-driven or child-driven?*



---

*How does your staff promote maximum protection of all children?*



---



37.95.162-1

**Annual Training**

- The provider and all caregivers must verify that they have received a minimum of at least 8 hours of continuing education annually. This training must be approved by the Early Childhood Project at Montana State University in Bozeman.

- Check this website to see upcoming approved training events in your region: [www.montana.edu/wwwecp/](http://www.montana.edu/wwwecp/)
- Training will relate to one of twelve content areas defined in Montana Early Care and Education Knowledge Base.

*Has every caregiver reviewed approved training options offered by their Child Care Resource & Referral agency, local agencies, universities, conferences, professional organizations, or distance-learning options?*



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*Has every caregiver completed a training plan for the coming year?*



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37.95.702

**Staff/Child Ratios**

- One caregiver must be available for every six children, two caregivers for seven to 12 children. There may be no more than three infants under the age of two years in a family home unless you are providing care for infants only. No more than 6 infants in Group Daycare.

*Does your facility have the proper number of caregivers?*

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37.95.718

**Overlap Care**

- Overlap care may be approved by the department in situations, such as before and after school, when the number of children in care over 3 years of age would exceed, for a short period of time, the registered capacity.
  - Overlap of children under 3 years of age is not permitted.
  - Overlap care shall not exceed 3 hours total in any day care day.
  - Group day care facilities may be approved to provide overlap care for up to 4 additional children during the approved overlap time. This is only if there are at least 2 caregivers providing direct care at any time there are more than 8 children being cared for at the facility.
  - Family day care homes may care for 2 additional children during the approved overlap time.

*Has your licensor approved your written overlap plan stating specific hours and arrangements for providing adequate activities and supervision to all children?*



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*Is there sufficient indoor space (35 square feet per child) to accommodate the overlap children?*



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*Does your liability insurance cover overlap care?*



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## PROVIDER RESPONSIBILITIES AND QUALIFICATIONS

### 37.95.703-1

- The provider and all persons responsible for children in the day care home must be at least 18 years of age and must be in good mental and physical health.

*Is there anyone providing child care who is under 18?*



### 37.95.703-2

- The provider and all staff, including caregivers, aides, volunteers, kitchen and custodial staff, and person over age 18 residing in the day care facility must obtain a complete criminal background check and a completed child protective services check before providing direct care to the children attending the day care facility. The director or provider/owner of the facility is responsible for ensuring that copies of these reports are on file at the facility.

### 37.95.703-3

- The provider shall be responsible for the direct care, protection, supervision, and guidance of the children through active involvement or observation in group and family day care facilities.



37.95.703-4

- The provider shall attend a basic day care orientation or its equivalent provided or approved by the department within the first 60 days of certification. This orientation must include the following areas:
  - Health,
  - Safety,
  - Child development,
  - Child guidance,
  - Nutrition,
  - Child care business practices.

*Do you have verification of attendance at New Provider Orientation?*



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37.95.703-5

- Orientation training does not count toward the required eight hours of approved education or training education.



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37.95.703-7

- The provider must hold current course completion cards in infant, child and adult CPR, infant choking response and standard first aid.

*Has the provider completed infant, child, and adult CPR and first aid?*



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## **BEYOND REGISTRATION: SETTING PERSONAL GOALS FOR YOUR CHILD CARE WORK**

### **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of registration, best practice suggests that you set your own high standards and demonstrate your unique abilities as a child care provider. Even though your job is home-based, you are a business operator. Parents will expect you to exhibit the personal dispositions of an early childhood professional, such as:

- Stable and responsible work habits,
- Effective verbal and written communication with children and adults,
- Proper support in challenging situations,
- Understanding and respect for families' diversities of all kinds,
- Openness to new ideas,
- Willingness to take risks and learn from mistakes,
- Flexibility, imagination, and a sense of humor.

Take a minute to think about your personal goals for your child care business. Do you intend to provide child care for a few years until your own young children are in school? Do you see yourself growing your small business for many years to come, perhaps some day hiring staff and expanding your services?

Either way, being a child care provider can be a stressful job. There are people in your community ready to help you. Get to know them:

- Meet your community's child care licensor(s).
- Work closely with your local Child Care Resource & Referral agency.
- Learn about the local services and resources that are available to support working families and children of all abilities and special needs.
- Meet other home child care providers through training workshops or family day care networks.

*Montana law requires that you become registered in order to care for three or more unrelated children in your home on a regular basis. Additional training will help you to build your skills in working with children, their parents, and other professionals in your community.*

*Call your local Child Care Resource & Referral agency to get on their provider newsletter mailing list. Learn about the training and networking opportunities that are available to support you in your work.*

## Chapter Two

### Preparing Your Home For Day Care





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## BUILDING REQUIREMENTS FOR GROUP AND FAMILY DAY CARE HOMES

### 37.95.705-1

#### **Square Footage Requirement**

- A day care home must have a minimum of 35 square feet per child of indoor space (excluding floor area devoted to fixed equipment or support functions such as kitchen, hallways, closets, offices, bathrooms, etc.) as well as 75 square feet per child of outdoor play space.

### 37.95.705-2

#### **Exits and Egress Windows**

- All areas used for day care purposes must have at least one door for egress not less than 34 inches wide, and a minimum of one other means of egress at least 24 inches high by 20 inches wide. If windows are used for egress, the total area must be 5.7 square feet of clear opening. If windows are used for rescue or exiting purposes, the provider shall have a written and feasible evacuation plan. All exits must be unobstructed at all times.

*Have you measured the child care areas?*



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*Have you measured any windows that will be used for egress?*



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#### 37.95.705-4

##### **Basements**

- If basements are used for day care purposes:
  - in facilities newly licensed on or after the effective date of these rules or for which there is a change in ownership on or after the effective date of these rules each designated area for children's activities must have two means of egress that are remote from each other unless:
    - the basement areas are protected by an approved, automatic residential sprinkler system; or
    - if the basement area contains an approved sprinkling system, then the area is only required to have direct egress from the basement. If children are sleeping in the basement area, then the requirements of (5) apply.
  - the basement must be dry, well ventilated, warm and well lighted.

#### 37.95.705-5

##### **Nap Room**

- All rooms used for napping by children must have at least two means of escape, at least one of which shall be a door or a stairway providing a means of unobstructed travel to the outside of the building at street or ground level to the public way. The second means of escape may be a window

### **Requirements for Doors**

- Doorways and stairs must be clear of any obstruction.
- Every closet door must be such that children can open the door from the inside.
- Every bathroom door must be designed to permit the opening of the locked door from the outside in an emergency and the opening device must be readily accessible to the provider.

### **Other Building Requirements**

- Third stories in dwellings must not be used for day care purposes and must be barricaded or locked to prevent entry by children.
- Protective receptacle covers must be installed on electrical outlets in all areas occupied by children less than 5 years of age.



### **Maintenance**

- The home and grounds used by children must be maintained to ensure that:
  - The building is in good repair.
  - Floors, ceilings, walls and equipment are reasonably clean.
  - The site is reasonably free of insects, rodents and other vermin.
  - Children attending the facility shall not be exposed to paint containing lead in excess of .06%.

*Do you have a maintenance plan?*



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*Can you document that any paint used prior to 1978 did not contain lead?*



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*If not, have you planned a remediation process?*



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## LICENSING REQUIREMENTS RELATED TO FIRE SAFETY

### 37.95.121-13

- In an emergency, all occupants must be able to escape from the facility, whether a home or building, in a safe and timely manner.
- All facilities must have two accessible exits on each level. The two exits must be far enough apart from one another to avoid having them both blocked by fire and smoke. Aisle ways and corridors leading to the exits must be kept clear of obstructions.
- If the day care provider chooses to lock the facility door to prevent unauthorized access to the facility or to prevent a child from escaping, the facility shall have no lock or fastening device which prevents free escape from the interior.
- The locking device must not require a key, a tool, or special knowledge or effort to open the door from the inside.
- The locked door must be easily opened with one motion from the inside of the facility.
- Installation of locking devices may not prohibit access by parents. A facility may not utilize locking devices in a manner to prevent unannounced access by authorized individuals, including parents. If a lock is used, the provider must make adequate provision to allow authorized persons unannounced access to the facility and must provide authorized personnel including parents with information on how to gain access.
- Exit doors, windows, and their opening hardware must be maintained in good repair at all times.

37.95.706-5

- No portable electric or un-vented fuel-fired heating devices are allowed. All radiators, if too hot to touch, must be provided with protective enclosure.

*Are all portable electric heating devices (i.e. electric floor heaters) removed during day care operation?*

---



37.95.706 -6

- A minimum of 8 fire drills must be conducted annually, at least 1 month apart as weather permits. Records, including who conducted the drill, when the drill took place, and how long it took to evacuate everyone must be available for review.

*What is the method to get the children out of the facility in a safe manner?*

---



**Smoke Detectors**

- All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep
- . If individual battery-operated smoke detectors are used, the following maintenance is required:
  - Smoke detectors must be tested at least once a month to ensure that they are operating correctly and have new operating batteries installed at least once each calendar year.
  - The placement and number of detectors in a home or building must be adequate to awaken all sleeping occupants.

*Are there smoke detectors located in each sleeping room and distributed throughout the house?*



*The UL Mark on a product means that Underwriters Laboratories has tested and evaluated representative samples of that product and determined that they meet safety requirements.*



37.95.706 -2

**Fire Extinguisher Safety**

- A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.

*Intent is for extinguisher to be used by fireman.*



37.95.706-4

**Wood-Burning Stoves**

- All wood burning stoves must meet building codes for the installation and use of such stoves. If used during the hours of care, the stove must be provided with a protective enclosure.

# BEYOND REGISTRATION: CREATING A QUALITY CHILD CARE ENVIRONMENT

## Tips and Training

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of registration, best practice suggests that you design a high quality child care setting or *environment*. Parents will expect your child care environment to support their children in these ways:

- Encourage their exploration and independence.
- Provide opportunities for skill challenges and practice.
- Allow quiet restful activities as well as social interactive activities.
- Determine the various ages and stages of development of all the children in your care, including children with special needs.

Design an area that provides space and materials that work well for each of these activities:

- Diapering and toileting.
- Eating and food preparation.
- Reading and other literacy activities.
- Exploration through indoor play, creative arts, music and movement.
- Outdoor play and exercise.

You also have to consider carefully the furniture, color, storage, lighting, and the variety of toys and equipment, books, and materials that you include in your child care environment.

*Licensing requires that your child care space be safe and easily supervised. Additional training will help you to ensure that your environment is nurturing, accessible to children of all ages and abilities, and fun!*

*Call your local Child Care Resource & Referral agency for this year's schedule of training in the Knowledge Base area of Environmental Design.*

# Chapter Three

## Health, Safety, & Nutrition



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## LICENSING REQUIREMENTS RELATED TO NUTRITION

### 37.95.711

- Nutritious meals and snacks must be provided to children in such quality and quantity to meet the national research council or the USDA child and adult care food program recommended dietary allowances for children of each age. Age appropriate minimum nutritional requirements, will be supplied to the provider by the state or county health department.
- The above requirement shall be deemed to have been met if the provider provides nutritious meals and snacks as follows:
  - Children in care for a continuous period of 5 hours to 10 hours shall be provided at least one meal appropriate to the time of day and two snacks.
  - Children in care for a continuous period of 10 hours or more shall be provided at least one meal every 6 hours and one snack between meals. The 6 hours requirement does not apply during the hours that the child is sleeping when night care is provided.
  - Children in care for 2 to 6 hours shall be provided one snack or meal every 2 1/2 hours.

*Does the provider have a written menu that includes information on meals and snacks for each day?*

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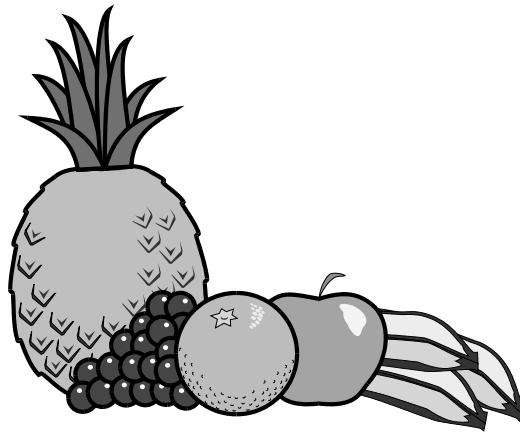
- Special diet orders must be kept on file by the provider as submitted to the provider in writing by parents.

*Are there children who have special diets due to allergies, sensitivities or parental desire?*



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- For the child requiring a rigid diet, food shall be brought from home and labeled clearly.
- Menu plans shall be available to parent upon request.
- A record of food served shall be kept on file for at least 1 month.



## LICENSING REQUIREMENTS RELATED TO IMMUNIZATION

### 37.95.140

Before a child may attend a Montana day care facility, that facility must be provided with documentation that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis, tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance. *Religious exemptions to immunization rules are not allowed in Montana day care facilities.*

<u>AGE AT ENTRY</u>	<u># OF DOSES-VACCINE TYPE</u>
Under 2 months	no vaccinations required
By 3 months of age	1 dose of polio vaccine 1 dose of DTP vaccine 1 dose of Hib vaccine
By 5 months of age	2 doses of polio vaccine 2 doses of DTP vaccine 2 doses of Hib vaccine
By 7 months of age	2 doses of polio vaccine 3 doses of DTP vaccine *2 or 3 doses of Hib vaccine
By 16 months of age	2 doses of polio vaccine 3 doses of DTP vaccine 1 dose of MMR vaccine <small>Administered no earlier than 12 months of age</small> *1 dose of Hib vaccine <small>Given after 12 or 15 months of age</small>
By 19 months of age	3 doses of polio vaccine 4 doses of DTP vaccine 1 dose of MMR vaccine <small>Administered no earlier than 12 months of age</small> *1 dose of Hib vaccine <small>Given after 12 or 15 months of age</small> 1 dose of varicella
(*) varies depending on vaccine type used	



- If the child is at least 12 months old but less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry.
- DT vaccine administered to a child less than 7 years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 16.28.707 that exempts the child from pertussis vaccination.
- Documentation of immunization status for purposes of this rule consists of a completed Montana certificate of immunization form (HES-101), including the date of birth, the name of each vaccine provided, and the month, day and year of each vaccination.

*Does each enrolled child have an HES-101 on file?*




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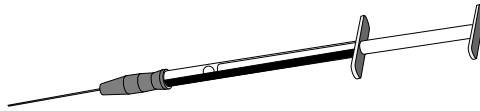
- In order to continue to attend a day care facility, a child must continue to be immunized on the schedule described on the previous page and must be immediately excluded from attendance in the day care facility if the child is not vaccinated on that schedule with all of the required vaccines, or does not have on file at the day care facility a record of medical exemption or a conditional enrollment form which indicated that no vaccine dose is past due.

*If for medical reasons a child does not have an immunization on file, is Section IV on the HES-101 completed by a physician?*




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- Hib vaccine is not required or recommended for children 5 years of age and older.
- Doses of MMR vaccine, to be acceptable under this rule, must be given no earlier than 12 months of age and a child who received a dose prior to 12 months of age must be revaccinated before attending a day care facility.
- A child may initially conditionally attend a day care facility if:
  - The child has received at least 1 dose of each of the vaccines required for the child's age.
  - A form prescribed by the department documenting the child's conditional immunization status is on file at the day care facility and is attached to the department's Montana certificate of immunization. (HES-101)
  - The child is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.



## MEDICATION

### 37.95.181

#### MEDICATION ADMINISTRATION

1) No day care employee, owner, or operator may administer any medication to a child without the written authorization of the parents including the child's name, date or dates for which the authorization is applicable, dosage instructions, and the signature of the child's parent or guardian.

(2) If an emergency arises and the parents or guardian of the child is unavailable, an employee, owner, or operator may administer medicine to a child if:

(a) a medical practitioner provides a written authorization containing the child's name, date or dates for which the authorization is applicable, dosage instructions, and the medical provider's signature; or

(b) a medical practitioner, emergency service provider, or 911 responder verbally directs the employee, owner, or operator of the day care facility to immediately administer a medicine to the child, in which case the child must then be transported to a health care facility or a medical practitioner for follow up care within a reasonable time by the child's parent or guardian or by an employee, owner, or operator of the day care facility. .

(3) An employee, owner, or operator of a day care facility may not give medication to a child in a manner that is inconsistent with the container instructions on dosage or frequency unless directed to do so by a medical provider as provided in 52-2-736, MCA.

(4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:

(a) A medication record which includes:

(i) the written authorization of the parents for the care-giver to administer medication;

(ii) the prescription by a health care provider if required; and

(iii) a medication administration log.

(b) A written medication administration policy which includes at a minimum:

(i) types of medication which may be administered; and

(ii) medication administration procedures to be followed, including the route of medication administration, the amount of medication given, and the times when medication is to be administered; and

(c) A health care and medication plan for children who may have special health care needs or those requiring medication for chronic health conditions which has been approved by a health care provider licensed in Montana.

### 37.95.182

#### STORAGE AND ADMINISTRATION OF MEDICATION

(1) Any prescription medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated and shall be kept in the original container labeled by a pharmacist with the following information:

(a) child's first and last names;

(b) the date the prescription was filled;

(c) the name of the health care provider who wrote the prescription; and

(d) the medication's expiration date, and specific legible instructions for administration, storage, and disposal (i.e., the manufacturer's instruction or prescription label).

(2) Any nonprescription medication brought into the facility for use by a specific child shall be labeled with the following information:

- (a) the date;
  - (b) the child's first and last names;
  - (c) specific, legible instructions for administration and storage (i.e., the manufacturer's instructions); and
  - (d) the name of the health care provider, parent, or guardian who made the recommendation.
- (3) All medications, refrigerated or unrefrigerated, shall:
- (a) have child-protective caps;
  - (b) be kept in an orderly fashion;
  - (c) be stored away from food at the proper temperatures; and
  - (d) kept in a location inaccessible to children or kept in a locked box.
- (4) Medication shall not be used beyond the date of expiration.

### **Dane's Law**

#### **52-2-736.**

#### **Prohibition against administering medicine without authorization -- provision for emergency -- definitions -- penalty.**

- (1) An employee, owner, household member, volunteer, or operator of a day-care facility, as defined in [52-2-703](#), regardless of whether the facility is licensed or registered, may not purposely or knowingly administer any medicine, as defined in [37-7-101](#), to a child attending the day-care facility without written authorization. Written authorization must include the child's name, date or dates for which the authorization is applicable, dosage instructions, and signature of the child's parent or guardian.

- (2) If an emergency medical condition arises and the parent or guardian of the child is unavailable, an employee, owner, or operator of a day-care facility may administer medicine to a child attending the day-care facility without the written authorization of a parent or guardian as provided in subsection (1) if:
- (a) a medical practitioner provides a written authorization containing the child's name, date or dates for which the authorization is applicable, dosage instructions, and the medical practitioner's signature; or
  - (b) a medical practitioner, emergency services provider, or [9-1-1](#) responder verbally directs the employee, owner, or operator of the day-care facility attending the child to immediately administer a medicine to the child and the child is subsequently transported within a reasonable time by the child's parents, an owner, operator, or employee of the child-care facility, a health care provider, or an emergency services provider to a health care facility or a medical practitioner for follow-up care.
- (3) A medicine administered to a child pursuant to subsection (1) or (2) may not be inappropriately administered.
- (4) An employee, owner, or operator of a day-care facility who has administered medicine to a child in accordance with this section may not be prosecuted for causing bodily injury or severe bodily injury to a child.
- (5) For the purposes of this section:
- (a) "bodily injury" has the meaning provided in [45-2-101](#);
  - (b) "emergency medical condition" means circumstances in which a prudent lay person acting reasonably would believe that an emergency medical condition exists;
  - (c) "emergency services provider" has the meaning provided in [50-16-701](#);
  - (d) "health care facility" means a profit or nonprofit, public

or private physician's office, hospital, critical access hospital, infirmary, clinic, outpatient center for primary care, outpatient center for surgical services, or medical assistance facility, as any of those terms are defined in [50-5-101](#);

(e) "inappropriately administered" means to give medicine to a child that is not indicated, as to the medicine's type, dosage, or frequency of use or the container instructions, if any, by the medical symptoms exhibited by the child;

(f) "knowingly" has the meaning provided in [45-2-101](#);

(g) "medical practitioner" has the meaning provided in [37-2-101](#);

(h) "[9-1-1](#) responder" means a law enforcement dispatcher or other person answering a [9-1-1](#) telephone call, a person answering a telephone call made to a poison control center, or an emergency services provider;

(i) "purposely" has the meaning provided in [45-2-101](#); and

(j) "serious bodily injury" has the meaning provided in [45-2-101](#).

(4) (a) A person convicted of purposely or knowingly administering medicine without authorization resulting in bodily injury to a child shall be imprisoned in the county jail for a term not to exceed 6 months or be fined an amount not to exceed \$500, or both.

(b) A person convicted of purposely or knowingly administering medicine without authorization resulting in serious bodily injury to a child or in the death of a child shall be imprisoned for a term not to exceed 20 years or be fined an amount not to exceed \$50,000, or both.

## LICENSING REQUIREMENTS SICK CHILD EXCLUSION

### 37.95.139

- The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.

*In what way is this information provided? (Examples, parent statement, emergency contact form)*



- 
- The head of the facility must designate a staff member to check daily the health status of each child immediately upon that child's entry into the day care facility, and exclude any child showing symptoms of illness.
  - If, while in care, a child becomes ill or is suspected of having a communicable disease reportable to the health department, the parent shall be notified by the provider. The parent is responsible for arranging to have the child taken home in the following circumstances:
    - Fevers of 100.5 rectally or 100 orally or greater,
    - Vomiting or diarrhea,
    - Child has strep throat, impetigo, bacterial conjunctivitis (*pink eye*), other skin infections,
    - Generalized rashes,
    - Head lice or scabies,
    - Chicken pox.



- Children must be without fever of 101°F or greater for 24 hours before they return to the day care facility, except that children with immunization-related fevers need not be excluded if they are able to participate in the routine of the day care facility.
- A child need not be excluded for a discharge from the nose which is not accompanied by a fever.
- If a child develops symptoms of illness while at the day care facility and after the parent or guardian has left, the day care must do the following:
  - Isolate the child immediately from other children in a room or area segregated for that purpose.
  - Contact and inform the parent or guardian as soon as possible about the illness and request the parent or guardian to pick up the child.
  - Report each case of suspected communicable disease the same day by telephone to the local health authority, or as soon as possible if no contact can be made the same day.
- When a child is absent, the day care provider shall obtain the reasons so the interest of the other children may be properly protected. If a reportable communicable disease is suspected, the provider shall inform a health officer. No child shall be re-admitted after an absence until the reason for the absence is known and there is assurance that the child's return will not harm that child or the other children. Disease charts that identify the reportable diseases are available from the department.

*If the child has a reportable communicable disease, has the provider contacted the local health authorities?*



- 
- The day care facility may readmit a child excluded for illness, at its discretion whenever:
    - The child either shows no symptoms of illness,
    - The child has been free of fever, vomiting, or diarrhea for 24 hours,
    - The child has been on antibiotics for at least 24 hours for bacterial infections.

*Is this documentation in the child's file?*



---

The parent or guardian may also provide the day care facility with a signed certification of health from a licensed physician, except that the following restrictions must be followed:

- If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no diarrhea or fever, the child's parent or guardian produces documentation that 2 stools, taken at least 24 hours apart, are negative for shigellosis or salmonella, and the local health authority has given written approval for the child to be readmitted to the day care facility.
- If a child is excluded for hepatitis A virus infection, the child shall remain excluded until either 1 week after onset of illness or jaundice, if the symptoms are mild or until immune globulin has been administered to

appropriate children and staff in the day care facility as directed by the local health authority.

- Children with any of the bacterial infections listed below must be treated with antibiotics for 24 hours before they return to the day care center:
  - Strep Throat,
  - Scarlet Fever,
  - Impetigo,
  - Bacterial conjunctivitis (pinkeye),
  - Skin infections such as draining burn or infected wounds or hangnails.

*Is this determined by a parent or doctor statement?*



- 
- Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the day care facility.
  - Children with chickenpox may not be admitted to the day care facility until their sores dry up, which usually takes 5 to 7 days. Day care providers must not purposefully expose susceptible children to chickenpox, even with the permission of the susceptible child's parents.
  - Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the day care facility.
  - Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing,

stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care provider before they may return to the day care facility.

*Does the provider use 9-1-1 in case of severe breathing problems?*



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37.95.184

- Good health habits, such as washing hands, must be taught during everyday activities.

*How does the provider teach hand washing?*



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- Every employee, volunteer, or resident at a day care facility must:
  - Be excluded from the day care facility if the person has a communicable disease, a sore throat, or cold that is accompanied by a fever of 101 degrees or greater, or if the person exhibits any of the symptoms for which a child would be excluded.
  - Provide documentation of complete measles, mumps, and rubella immunizations and a tetanus and diphtheria booster within the 10 years prior to commencing work, volunteering, or residing at the day care facility

*Are there copies of staff and resident immunizations on file?*



- 
- Wash their hands and exposed portions of their arms with a cleaning compound in a sink by vigorously rubbing together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinsing with clear water, paying particular attention to the areas underneath the fingernails and between the fingers, at the following times:
    - After touching bare human body parts other than clean hands and clean exposed portions of arms,
    - After using the toilet,
    - After every diapering,
    - After coughing, sneezing, or using a handkerchief or disposable tissue,
    - Immediately before engaging in food preparation and before feeding any child,
    - During food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks,
    - After engaging in other activities that contaminate the hands.

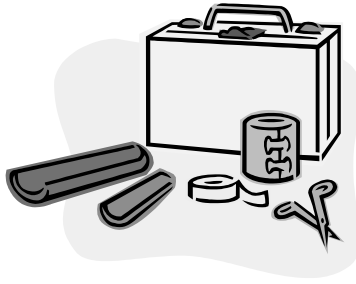
37.95.183

- Each provider shall develop policies for first aid. These policies must include directions for calling parents or someone else designated as responsible for the child when a child is sick or injured. The provider shall immediately call the poison control number **(1-800-525-5042)** when a child is suspected of having been poisoned.

- A first aid kit must be kept on site at all times and must at a minimum contain:
  - unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of<sup>50</sup> the local emergency service program (i.e., 911 operator, local hospital, or physician);
  - sterile, absorbent bandages;
  - a cold pack;
  - tape and a variety of band-aids;
  - tweezers and scissors;
  - disposable single use gloves;
  - the toll free number for the Emergency Montana Poison Control Center, 1 (800) 222-1222;

***Poison Control Number***  
***1-800-222-1222***

*Are these items contained in the first aid kit?*



- A portable first aid kit containing the items listed above must accompany staff and children on trips away from the facility.
- The provider shall submit a report to the appropriate local office of the department within 24 hours after the occurrence of an accident causing injury to a child which resulted in the child being hospitalized, requiring ambulance transport or intervention, or physician treatment, or any fire in the facility when the services of the fire department were required. A copy of the report shall be provided to the parents of the child(ren) involved, and a copy retained on file at the day care facility.
- A notation of all injuries must be made on the child's medical record including the date, time of day, nature of the injury, treatment, and whether the parent was notified.



## DAY CARE FACILITIES SWIMMING

### 37.95.127

- Children will not be allowed to use a swimming pool, unless it and the area are constructed and operated in accordance with the below requirements:
  - Portable wading pools, as long as the structure is less than 24 inches high, are permitted in day care facilities.
  - When children are using a portable wading pool, an approved caregiver shall always be present and actively supervising.

*Has the provider measured the height of the wading pool?*



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*How does the provider assure supervision when children use the wading pool?*



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- If the portable wading pool is filled with water and will sit unused for any period of time prior to use by day care children, the caregiver shall equip the wading pool with a barrier to prevent a young child's



unsupervised access (i.e. a fence, wall, or gate or screen that locks).

- Portable wading pools must be emptied after the day's use and sanitized.
- Children shall not be permitted in hot tubs, spas, or saunas.
- Hot tubs must have bolted and securely locked covers.
- Spas and saunas must be inaccessible to children.

*If there is a hot tub on the facility premises, how is the hot tub locked and is it secured?*



---

- Bathtubs, buckets, and other water receptacles shall be emptied immediately after use.
- Ponds shall be fenced to prevent access to children.

*Are there gaps or spaces within fencing that children could get through? If so, the provider must find a way to secure those areas.*



---

- All in ground and above ground swimming pools located in the outdoor play space area or accessible to children must be fenced with a locked gate.

- The fence shall be at least 5 feet high and come within 3 inches of the ground. The fence shall be constructed to discourage climbing.
  - Exit and entrance points shall have self-closing, positive latching gates with locking devices a minimum of 55 inches from the ground.
  - The child care building wall shall not constitute one side of the fence unless there are no openings in the wall.
- When children are swimming, supervision must include at all times at least one person currently certified in red cross advanced life saving or an equivalent certificate by a recognized organization.
    - This person shall not be counted in the staff-child ratio.
    - One person with a life guard training certificate is required for each group of 25 or fewer children.

*If the pool is used, is there a staff member currently certified in Water Safety Instruction and Lifeguard Training who is certified in advanced lifesaving?*



- 
- Each swimming pool more than 6 feet in width, length, or diameter shall be provided with a ring buoy and rope and either a throw line or a shepherd's hook. Such equipment shall be of sufficient length to reach the center of the pool from the edge of the pool and shall be safely and conveniently stored for immediate access.

- All pool pumping equipment shall be screened to prevent access and injury.
- Swimming pool safety rules shall be posted near the swimming pool.

*Do the children know the rules and can they demonstrate a level of understanding?*



- 
- The staff-child ratio shall be maintained whenever children participate in swimming activities, including swimming instruction.



## DAY CARE SAFETY REQUIREMENTS

### 37.95.121

- Cleaning materials, flammable liquids, detergents, aerosol cans, and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.

*Where are these materials stored so they are inaccessible to the children?*



- 
- No extension cord will be used as permanent wiring. All appliances, lamp cords, and exposed light sockets must be suitably protected to prevent electrocution.
  - Any pet or animal, present at the home, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.

*Are the animals at the facility friendly and comfortable around the children?*



- Guns must be kept in locked storage. Ammunition must be kept in locked storage separate from the gun.
- The indoor and outdoor play areas must be clean, reasonably neat, and free from the accumulation of dirt, rubbish, or other health hazards.

*Are general housekeeping practices used?*



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- Any outdoor play area must be maintained free from hazards such as wells, machinery, and animal waste. If any part of the play area is adjacent to a busy roadway, drainage ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least 4 feet high without any holes or spaces greater than 4 inches in diameter or natural barriers to restrict children from these areas.

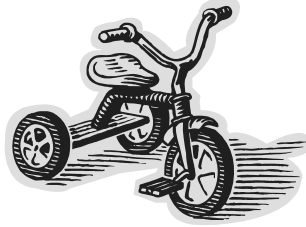
*If you are caring for children under age 2, do you have a fence?*



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- Outdoor play areas shall be designed so that all parts are always visible and easily supervised by staff.

- Toys, play equipment, and any other equipment used by the children must be of substantial construction and free from rough edges, sharp corners, splinters, unguarded ladders on slides, and must be kept in good repair and well maintained.



- Toys and objects with a diameter of less than 1 inch, objects with removable parts that have a diameter of less than 1 inch, plastic bags, styrofoam objects, and balloons must not be accessible to children who are still placing objects in their mouths.

*Has the provider determined if all toys meet these requirements?*




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- Outdoor equipment, such as climbing apparatus, slides, and swings, must be anchored firmly, and placed in a safe location according to manufacturer's instructions. Recommended ground covers under these items include sand, fine gravel or woodchips with a depth of the ground cover being at least 6 inches.

*Does the equipment wobble or tip if an adult were to lean or sit upon it? (If so then it is not properly secured.)  
Have you retained the manufacturer's instructions?*




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- Trampolines are prohibited for use by children in care. Trampolines on facility premises must be inaccessible to children in care.

*Are all bouncers, jump houses, and mini-trampolines inaccessible to children in care?*



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37.95.121

- The use of waterbeds, water mattresses, gel pads or sheepskin covers for children's sleeping surface is prohibited.
- In an emergency, all occupants must be able to escape from the facility, whether a home or building, in a safe and timely manner.

*What is your emergency evacuation plan?*



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37.95.708

- Each facility must have a working telephone. Those facilities which have an unlisted number must make this number available to the parents and emergency contact persons of the children in care, and the appropriate regional or local offices of the department.
- Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the Emergency Poison Control Center (1-800-222-1222) must be posted by each telephone.

37.95.126

- Children shall be afforded a smoke-free environment during all day care hours, whether indoors or outdoors.
- The registrant or other licensee shall ensure that no smoking occurs within the facility while children are in care.

***Remember !***

***Smoking cannot occur in the indoor environment or the outdoor play space. A provider may not leave children unsupervised in order to smoke a cigarette.***





37.95.132

TRANSPORTATION

- (1) The provider shall obtain written consent from the parents for any transportation provided.
- (2) The operator of the vehicle shall be at least 18 years of age and possess a valid Montana driver's license.
- (3) The passenger doors on the vehicle must be locked whenever the vehicle is in motion.
- (4) With the exception of public transportation that is not required by law to be equipped with safety restraints, no vehicle shall begin moving until all children are seated and secured in age and weight appropriate safety restraints, which must remain fastened at all times the vehicle is in motion. Each child shall have a safety restraint. Children shall not share a safety seat or a safety restraint.
- (5) Children under four years of age may not be transported in a vehicle which does not provide age appropriate safety restraints or in a vehicle which cannot accommodate a car seat or a booster seat in a manner that conforms with National Highway Transportation Safety Administration recommendations.
- (6) Children shall never be left unattended in a vehicle.
- (7) The back of pickup trucks must not be used to transport children.
- (8) Facilities providing transportation for children under six years of age or children six years of age but weighing less than 60 pounds shall comply with the following requirements:
  - (a) all vehicles shall be equipped with children's car seats or booster seats that meet federal Department of Transportation recommendations for the age and weight of the child being transported;
  - (b) car seats or booster seats shall be fastened securely to the seat or to the floor of the vehicle. Children shall be

secured with safety belts which are secured within the vehicle according to factory assembly;

(c) there shall be no more than one child in each car seat;

(d) there shall be one adult in addition to the driver for each four infants being transported; and

(e) an adult shall accompany each child to and from the vehicle to the child's home or the home authorized by the parents to receive the child.

(9) No child shall be left unattended in a vehicle.

## LICENSING REQUIREMENTS RELATED TO CHILD ABUSE REPORTING

### 37.95.171

The director, assistant director or any staff member of the day care facility who has reason to suspect that any child is or has been abused or neglected is required to personally report the matter promptly to the department child abuse hotline at 1 (866) 820-5437. The day care provider or staff member shall make the report within 24 hours of receiving information concerning suspected child abuse or neglect.

*This information is given at day care orientation. Do you understand your responsibility?*



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- As mandatory reporters, day care providers **MUST** report any suspicion of abuse/neglect.
- Providers should be given information about training opportunities regarding child abuse and neglect, specifically, what constitutes child abuse and neglect.
- Child Care Licensors are available to help providers locate such training or assist providers in understanding the reporting requirements.

*What is this facility's procedure for reporting child abuse and neglect?*



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## SANITATION REQUIREMENTS

### 37.95.708

- Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.
- When a municipal water supply is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.

*If the facility has a private water system does the provider have current documentation that the water has been tested and is safe?*



- 
- An adequate and safe sewage disposal system shall be provided.
  - Garbage cans shall be provided in sufficient number and capacity to store all refuse between collections and shall be corrosion resistant, insect proof, watertight, and rodent proof with lids. Kitchen garbage containers must have lids or be stored in an enclosed area.

- All food shall be from an approved source and shall be transported, stored, covered, prepared, and served in a sanitary manner to prevent contamination.
  - Milk and other dairy products shall be pasteurized
  - Use of home canned foods other than jams, jellies, and fruits is prohibited.
  - Perishable foods shall be kept at temperatures above 140°F or below 45°F.
  - No persons with boils, infected wounds, respiratory diseases or other communicable diseases shall handle food or food utensils.
  - All food utensils shall be properly washed and rinsed after each usage. A domestic style dishwasher may be used if equipped with a heating element.
  - Single service utensils may only be used once.

*Is food preparation done in a sanitary manner following the above regulations?*

 \_\_\_\_\_

- Folding of clean laundry must not take place on the same work surface used for sorting dirty laundry. Bedding shall be laundered when necessary and aired out periodically to prevent mildew.

# **BEYOND REGISTRATION: ENSURING HEALTH, SAFETY AND NUTRITION IN CHILD CARE**

## **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of licensing, best practice suggests that you protect children of all ages and abilities from harmful situations that may develop in group care, and that you teach them good health and eating habits that they will carry with them for life.

- (a) Parents expect you to enhance the health, safety and nutrition of their children in these ways:
  - You assess program health and safety features by using a licensing checklist.
  - You teach good health habits, such as hand washing, to children during daily activities.
  - You inform parents in writing of sick child exclusion policies.
  - You post an emergency plan and a fire safety plan.
  - You possess a first aid kit.
  - You post weekly menu plans.
  - You allow children to serve themselves from child-sized dishes at mealtime.
  - You include children in simple food preparation.
  - You provide children in nutrition-focused learning activities.
  - You can refer parents to community resources for more information on health and nutrition for children of all abilities, including children with special needs.

*Licensing requires that you guarantee the "bottom floor" of child care health and nutrition. You will need additional training about universal precautions, administering medications, outdoor play area safety design, and health-related special needs of individual children. Additional training will help you to meet children's daily nutritional needs, plan cycle menus, provide family-style food service, and address food-related problem behaviors.*

*Call your local Child Care Resource & Referral agency for this year's schedule of training in the Knowledge Base areas of Health, Safety and Nutrition.*

## **Child and Adult Care Food Program (CACFP)**

*The Child and Adult Care Food Program (CACFP) is a food assistance program operated by the Food & Nutrition Service of the U.S. Department of Agriculture as part of the National School Lunch Act. In Montana it is administered by the Department of Public Health & Human Services, and offered to family and group home day cares through local sponsoring agencies.*

*The CACFP provides monthly payment to child care providers who serve meals and snacks in compliance with USDA guidelines at no cost to families. The CACFP also provides onsite and workshop training to help providers serve nutritious meals to the children in their care. Ask your local Child Care Resource & Referral agency for a list of CACFP sponsors serving your community.*

## CACFP Sponsors

**Billings CC Association**

710 Grand Ave, 13  
Billings, MT 59101  
Phone 252-8524  
1-800-314-2773

**Butte Community Coordinated CC**

105 E Broadway  
Butte, MT 59701  
Phone 723-4019  
1-800-794-4061

**Child Care Connections**

317 E. Mendenhall, Suite C  
Bozeman, MT 59715-3684  
Phone 587-7786  
1-800-962-0418

**Child Care Partnerships**

901 N Benton  
Helena, MT 59601  
Phone 443-4608  
1-888-244-5368

**Child Care Resources**

127 E Main, PO Box 7038  
Missoula, MT 59807-7038  
Phone 728-6446  
1-800-728-6446

**District 7 HRDC**

7 North 31st Street, PO Box 2016  
Billings, MT 59103-2016  
Phone 247-4710  
1-800-433-1411

**Food 4 Kids**

3009 E MacDonald Dr.  
Billings, MT 59102  
Phone 208-6779  
Fax 406-656-0793

**Great Falls DC Association**

1112 Central Ave  
Great Falls, MT 59401-3738  
Phone 761-7678  
Fax 761-1230

**Hi-Line Home Programs,**

605 Third Ave S.  
Glasgow, MT 59230  
Phone 228-9431  
1-800-659-3673

**The Nurturing Center**

146 3rd Ave W  
Kalispell, MT 59901  
Phone 756-1414 / 800-204-0644

**Willow Creek Nutrition Program**

2969 Airport Rd., Suite 1D  
Helena, MT 59601-5256  
Phone 227-0606/888-462-4945



# **Chapter Four**

## **Child Development & Guidance**



*This orientation handbook is an OVERVIEW of key regulations for home daycare rather than a complete list of all applicable regulations. Regulations may be subject to revision by Department of Public Health & Human Services.*

*To find the most recent and complete record of regulations, check your orientation folder for the "State of Montana Requirements for Registration of Family and Group Day Care Homes" (DPHHS-UNPAM-101). If you are providing infant care, look for the "Supplemental Regulations for Infant Day Care" (DPHHS-UNPAM-100).*

## LICENSING REQUIREMENTS RELATED TO CHILD DEVELOPMENT

### 37.95.715

#### **Daily schedule**

- A written plan of daily activities and routines, in addition to free play, must be established. The plan must be flexible to accommodate the ages and needs of individual children and the group as a whole. It must be designed with intervals of stimulation and relaxation, and a balance between periods of active play and quiet play or rest. A sample written plan of daily activities is available online at:

<http://www.dphhs.mt.gov/earlychildhood/forms/samplewrittenplan.pdf>.

*Does your facility have a daily schedule?*



- 
- There must be developmentally appropriate activities for children which foster sound social, intellectual, emotional and physical growth including:
    - Opportunities for individual and small group activities.
    - Time and opportunity for creative experiences for children through art, music, books, and stories, and dramatic play.
    - Outdoor play each day except when precluded by severity of weather.

- Television or movie watching during the hours children are in care shall not be excessive and shall be limited to child-appropriate programs.

***"Developmentally appropriate practice" (DAP)*** is based on what is known about how children develop and learn. DAP in an early care and education program promotes the development and enhances the learning of each individual child. The following information guides providers in planning a developmentally appropriate environment and activities for young children:

- Age-related human characteristics in physical, emotional, cognitive and social development;
- Individual children's characteristics, their strengths, interests and needs; and
- Knowledge of the social and cultural contexts in which each child lives.

Excerpted from *Developmentally Appropriate Practice in Early Childhood Programs*, Revised Edition, Bredekamp and Copple, NAEYC, 1997

## LICENSING REQUIREMENTS RELATED TO CHILD GUIDANCE

### 37.95.715

#### **Discipline**

- Providers shall use appropriate forms of discipline.
  - Physical punishment, including spanking or shaking and other forms of corporal punishment are strictly prohibited in day care facilities. Discipline shall include positive guidance, redirection and the setting of clear limits that foster the child's ability to become self-disciplined.
  - Any punishment or discipline which is humiliating, frightening, or otherwise damaging, is prohibited.
  - Parental or guardian permission does not allow the use of punishments or disciplines prohibited above.

*Have all caregivers been informed of appropriate forms of discipline?*



---

*Have all caregivers assessed their philosophies of discipline, and do any need additional training to meet the requirements of Montana child care rules?*



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- (a) *A caregiver must learn to use the following skills in a child care setting:*
- *Identify inappropriate and prohibited forms of discipline;*
  - *Develop a range of positive guidance strategies;*
  - *Use guidance strategies that are appropriate to children's stages of development.*

- (i) *Here are some examples of strategies that encourage proper guidance:*
- *Communicating clear guidelines and limits for acceptable behavior;*
  - *Using guidance as a tool to teach natural consequences and alternative behaviors;*
  - *Setting up play spaces and schedules that encourage appropriate behaviors;*
  - *Teaching problem-solving skills to children;*
  - *Planning a positive approach in partnership with parents to change target behaviors;*

*As you continue to work with children in a child care setting, your experience will grow and you will have questions about specific problem behaviors, positive guidance strategies, and working with parents to change children's behaviors. To build your skills in this important area, you will need additional training!*



37.95.720

**Equipment**

- Play equipment and materials must be provided that are appropriate to the developmental needs, individual interests, and ages of the children. There must be a sufficient amount of play equipment and materials so that there is not excessive competition and long waits.
- Play equipment and materials must include items from each of the following six categories: dramatic role playing, cognitive development, visual development, auditory development, tactile development and large muscle development.

*Look for toys and materials that promote exploration of dramatic play, music and movement, creative arts and language, math, science, and early literacy.*

- High chairs, when used, must have a wide base and a safety strap. Portable high chairs that hook onto tables are not allowed.

*Is there a safety strap in each high chair and is it being used properly?*



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- Each child, except school-age children who do not take naps, shall have clean, age-appropriate rest equipment, such as a crib, cot, bed or mat. Seasonably appropriate top and bottom covering, such as sheets or blankets, must be provided. Crib mattresses and other rest equipment shall be waterproof and regularly sanitized.

*Does each child have his/her own blankets and clean rest equipment?*



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## **Developmental Aspects of Early Childhood**

### **By 3 months of age does this child:**

#### **Motor Skills**

- Lift head when held at your shoulder.
- Lift head and chest when lying on his stomach.
- Turn head from side to side when lying on his stomach.
- Follow a moving object or person with his eyes.
- Often hold hands open or loosely fisted.
- Grasp rattle when given to her.
- Wiggle and kick with arms and legs.

#### **Sensory and Thinking Skills**

- Turn head toward bright colors and lights.
- Turn toward the sound of a human voice.
- Recognize bottle or breast.
- Respond to your shaking a rattle or bell.

#### **Language and Social Skills**

- Make cooing, gurgling sounds,
- Smile when smiled at,
- Communicate hunger, fear, discomfort (through crying or facial expression).
- Usually quiet down at the sound of a soothing voice or when held.
- Anticipate being lifted,
- React to "peek-a-boo" games.

### **By 6 months of age does this child:**

#### **Motor Skills**

- Hold head steady when sitting with your help.
- Reach for and grasp objects.
- Play with his toes.
- Help hold the bottle during feeding.
- Explore by mouthing and banging objects.
- Move toys from one hand to another.
- Shake a rattle.
- Pull up to a sitting position on her own if you grasp her hands.
- Sit with only a little support.
- Sit in a high chair.
- Roll over,
- Bounce when held in a standing position.

### **Sensory and Thinking Skills**

- open his mouth for the spoon
- imitate familiar actions you perform

### **Language and Social Skills**

- babble, making almost sing-song sounds
- know familiar faces
- laugh and squeal with delight
- scream if annoyed
- smile at herself in a mirror

### **By 12 months of age does this child:**

#### **Motor Skills**

- drink from a cup with help
- feed herself finger food like raisins or bread crumbs
- grasp small objects by using her thumb and index or forefinger
- use his first finger to poke or point
- put small blocks in and take them out of a container
- knock two blocks together
- sit well without support
- crawl on hands and knees
- pull himself to stand or take steps holding onto furniture
- stand alone momentarily
- walk with one hand held
- cooperate with dressing by offering a foot or an arm

#### **Sensory and Thinking Skills**

- copy sounds and actions you make
- respond to music with body motion
- try to accomplish simple goals (seeing and then crawling to a toy)
- look for an object she watched fall out of sight (such as a spoon that falls under the table)

#### **Language and Social Skills**

- babble, but it sometimes "sounds like" talking
- say his first word
- recognize family members' names
- try to "talk" with you
- respond to another's distress by showing distress or crying
- show affection to familiar adults

- show mild to severe anxiety at separation from parent
- show apprehension about strangers
- raise her arms when she wants to be picked up
- understand simple commands

**By 18 months of age does this child:**

**Motor Skills**

- like to pull, push, and dump things
- pull off hat, socks, and mittens
- turn pages in a book
- stack 2 blocks
- carry a stuffed animal or doll
- scribble with crayons
- walk without help
- run stiffly, with eyes on the ground

**Sensory and Thinking Skills**

- identify an object in a picture book
- laugh at silly actions (as in wearing a bowl as a hat)
- look for objects that are out of sight
- put a round lid on a round pot
- follow simple 1-step directions
- solve problems by trial and error

**Language and Social Skills**

- say 8-10 words you can understand
- look at a person who is talking to him
- ask specifically for her mother or father
- use "hi," "bye," and "please," with reminders
- protest when frustrated
- ask for something by pointing or by using one word
- direct another's attention to an object or action
- become anxious when separated from parent(s)
- seek attention
- bring toys to share with parent
- act out a familiar activity in play (as in pretending to take a bath)
- play alone on the floor with toys pictures
- compete with other children for toys
- recognize herself in the mirror or in pictures
- seem selfish at times

**By 2 years of age does this child:**

**Motor Skills**

- drink from a straw
- feed himself with a spoon
- help in washing hands
- put arms in sleeves with help
- build a tower of 3-4 blocks
- toss or roll a large ball
- open cabinets, drawers, boxes
- operate a mechanical toy
- bend over to pick up a toy and not fall
- walk up steps with help
- take steps backward

**Sensory and Thinking Skills**

- like to take things apart
- explore surroundings
- point to 5-6 parts of a doll when asked

**Language and Social Skills**

- have a vocabulary of several hundred words
- use 2-3 word sentences
- say names of toys
- ask for information about an object (asks, "Shoe?" while pointing to shoe box)
- hum or try to sing
- listen to short rhymes
- like to imitate parents
- sometimes get angry and have temper tantrums
- act shy around strangers
- comfort a distressed friend or parent
- take turns in play with other children
- treat a doll or stuffed animal as though it were alive
- apply pretend action to others (as in pretending to feed a doll)
- show awareness of parental approval or disapproval for her actions
- refer to self by name and use "me" and "mine"
- verbalize his desires and feelings ("I want cookie")
- laugh at silly labeling of objects and events (as in calling a nose an ear)

- enjoy looking at one book over and over
- point to eyes, ears, or nose when you ask

**By 3 years of age does this child:**

**Motor Skills**

- feed himself (with some spilling)
- open doors
- hold a glass in one hand
- hold a crayon well
- wash and dry hands by himself
- fold paper, if shown how
- build a tower of 54 blocks
- throw a ball overhead
- try to catch a large ball
- put on shoes (but not tie laces)
- dress herself with help
- use the toilet with some help
- walk up steps, alternating feet
- walk on tiptoes if shown how
- walk in a straight line
- kick a ball forward
- jump with both feet
- pedal a tricycle

**Sensory and Thinking Skills**

- recognize sounds in the environment
- pay attention for about 3 minutes
- remember what happened yesterday
- know what is food and what is not food
- know some numbers (but not always in the right order)
- know where things usually belong
- understand what "1" is
- understand "now," "soon," and "later"
- substitute one object for another in pretend play (as in pretending a block is a "car")
- laugh at silly ideas (like "milking" a dog)
- look through a book alone
- count 2 to 3 objects
- avoid some dangers, like a
- hot stove or a moving car match circles and squares
- match an object to a picture of that object

- match objects that have same function (as in putting a cup and plate together)
- follow simple one-step commands

### **Language and Social Skills**

- use 3-5 word sentences
- ask short questions
- use plurals ("dogs," "cars," "hats")
- name at least 10 familiar objects
- repeat simple rhyme
- name at least one color correctly
- imitate housework or help with simple tasks
- ask to use the toilet almost every time
- enjoy being read to
- talk about feelings and mental states (e.g., remembering)
- demonstrate some shame when caught in a wrongdoing
- try to make others laugh
- play spontaneously with two or three children in a group
- assign roles in pretend social play ("You be mommy;" "I be daddy")
- know her first and last name
- understand "I," "you," "he," and "she"
- believe everything centers around him ("if I hide my eyes, no one will see me")
- answer whether she is a boy or girl

### **By 4 years of age does this child:**

#### **Motor Skills**

- feed herself (with little spilling)
- try to use a fork
- hold a pencil
- try to write name
- draw with the arm and not small hand movements
- draw a circle
- draw a face
- try to cut paper with blunt scissors
- sometimes unbutton buttons
- try to buckle, button, and lace, even though she probably needs help
- completely undress herself if wearing clothes with simple fasteners

- brush teeth with help
- build a tower of 7-9 blocks
- put together a simple puzzle of 4-12 pieces
- pour from a small pitcher
- use the toilet alone
- try to skip
- catch a bouncing ball
- walk downstairs using a handrail and alternating feet
- swing, starting by himself and keeping himself going

### **Sensory and Thinking Skills**

- recognize red, yellow, and blue
- understand taking turns and can do so without always being reminded
- understand "big," "little," "tall," "short"
- want to know what will happen next
- sort by shape or color
- count up to 5 objects
- follow three instructions given at one time ("Put the toys away, wash your hands, and come eat.")
- distinguish between the real world and the imaginary or pretend world
- identify situations that would lead to happiness, sadness, or anger

### **Language and Social Skills**

- have a large vocabulary and use good grammar often
- often talk about action in conversation ("go," "do," "make")
- enjoy rhyming and nonsense words
- use regular past tenses of verbs ("pulled," "walked")
- use "a," "an," and "the" when speaking
- ask direct questions ("May I?" "Would you?")
- want explanations of "why" and "how"
- relate a simple experience she has had recently
- understand "next to"
- separate from his parent for a short time without crying
- help clean up toys at home or school when asked to
- like to play "dress up"
- pretend to play with imaginary objects
- act out elaborate events which tell a story (as in serving imaginary dinner or going on a "dragon hunt")
- sometimes cooperate with other children

- often prefer playing with other children to playing alone, unless deeply involved in a solitary task
- change the rules of a game as he goes along
- try to bargain ("I'll give you this toy if you'll give me that one")
- share when asked
- enjoy tag, hide-and-seek and other games with simple rules
- like moderate "rough and tumble" play
- like to do things for himself
- know her age and the town where she lives
- act as though a doll or stuffed animal thinks and feels on its own

## **Developmental Aspects of Middle Childhood**

### **Social and emotional development**

- There are signs of growing independence. Children typically test their growing knowledge with back talk and rebellion.
- Common fears include the unknown, failure, death, family problems, and rejection.
- Friends may live in the same neighborhood and are most commonly the same sex.
- Children average five best friends and at least one "enemy," who often changes from day to day.
- Children act nurturing and commanding with younger children but follow and depend on older children.
- Children are beginning to see the point of view of others more clearly.
- Children define themselves in terms of their appearance, possessions, and activities.
- There are fewer angry outbursts and more ability to endure frustration while accepting delays in getting things they "want."
- Children often resolve conflict through peer judges who accept or reject their actions.
- Children are self-conscious and feel as if everyone notices even small differences (new haircut, facial hair, a hug in public from a parent).
- Tattling is a common way to attract adult attention in the early years of middle childhood.
- Inner control is being formed and practiced each time decisions are made.



- Around age 6-8, children may still be afraid of monsters and the dark. These are replaced later by fears of school or disaster and confusion over social relationships.
- To win, lead, or be first is valued. Children try to be the boss and are unhappy if they lose.
- Children often are attached to adults (teacher, club leader, caregiver) other than their parents and will quote their new "hero" or try to please him or her to gain attention.
- Early in middle childhood, "good" and "bad" days are defined as what is approved or disapproved by the family.
- Children's feelings get hurt easily. There are mood swings, and children often don't know how to deal with failure.

### **Physical Development**

- Growth is slower than in preschool years, but steady. Eating may fluctuate with activity level. Some children have growth spurts in the later stages of middle childhood.
- In the later stages of middle childhood, body changes indicate approaching puberty (hips widen, breasts bud, pubic hair appears, testes develop).
- Children recognize that there are differences between boys and girls.
- Children find difficulty balancing high energy activities and quiet activities.
- Intense activity may bring tiredness. Children need around 10 hours of sleep each night.
- Muscle coordination and control are uneven and incomplete in the early stages, but children become almost as coordinated as adults by the end of middle childhood.
- Small muscles develop rapidly, making playing musical instruments, hammering, or building things more enjoyable.
- Baby teeth will come out and permanent ones will come in.
- Permanent teeth may come in before the mouth has fully grown, causing dental crowding.
- Eyes reach maturity in both size and function.
- The added strain of school work (smaller print, computers, intense writing) often creates eye-tension and leads some children to request eye examinations.

### **Mental Development**

- Children can begin to think about their own behavior and see consequences for actions. In the early stages of concrete thinking, they can group things that belong together (for instance babies, fathers, mothers, aunts are all family members). As children near adolescence, they master sequencing and ordering, which are needed for math skills.
- Children begin to read and write early in middle childhood and should be skillful in reading and writing by the end of this stage.
- They can think through their actions and trace back events that happened to explain situations, such as why they were late to school.
- Children learn best if they are active while they are learning. For example, children will learn more effectively about traffic safety by moving cars, blocks, and toy figures rather than sitting and listening to an adult explain the rules.
- Six- to 8-year-olds can rarely sit for longer than 15-20 minutes for an activity. Attention span gets longer with age.
- Toward the beginning of middle childhood, children may begin projects but finish few. Allow them to explore new materials. Nearing adolescence, children will focus more on completion.
- Teachers set the conditions for social interactions to occur in schools. Understand that children need to experience various friendships while building esteem.
- Children can talk through problems to solve them. This requires more adult time and more sustained attention by children. Children can focus attention and take time to search for needed information.
- They can develop a plan to meet a goal.
- There is greater memory capability because many routines (brushing teeth, tying shoes, bathing, etc.) are automatic now.
- Child begins to build a self-image as a "worker." If encouraged, this is positive in later development of career choices.
- Many children want to find a way to earn money.

### **Moral Development**

Moral development is more difficult to discuss in terms of developmental milestones. Moral development occurs over time through experience. Research implies that if a child knows what is right, he or she will do what is right. Even as adults, we know that there are often gray areas when it comes to making tough decisions about right and wrong. There are a lot of "it depends" responses depending on the particular situation.

Most adults agree that they should act in a caring manner and show others they care about them. People want to come into contact with others who will reinforce them for who they are. It is no different for children. To teach responsible and caring behaviors, adults must first model caring behaviors with young children as they do with other adults. While modeling, focus on talking with children. This does not mean talking at children but discussing with them in an open-ended way. Work to create an air of learning and a common search for understanding, empathy, and appreciation. Dialogue can be playful, serious, imaginative, or goal oriented. It can also provide the opportunity to question why. This is the foundation for caring for others.

The last step to complete the cycle of caring is confirmation. Confirmation is encouraging the best in others. A trusted adult who identifies something admirable and encourages the development of that trait can go a long way toward helping children find their place in this world. Love, caring, and positive relations play central roles in ethics and moral education.

Next, practice caring for others. Adults need to find ways to increase the capacity to care. Adults generally spend time telling children what to do or teaching facts. There is little time to use the newly developed higher order thinking and to practice caring interactions and deeds.

The last step to complete the cycle of caring is confirmation. Confirmation is encouraging the best in others. A trusted adult who identifies something admirable and encourages the development of that trait can go a long way toward helping children find their place in this world. Love, caring, and positive relations play central roles in ethics and moral education.

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***Remember!***

***All children develop at their own rate. If you suspect a developmental delay or disability in a child under your care, contact your local Child Care Resource & Referral agency. They will help you identify next steps to assist the family with services that are available.***

## **BEYOND REGISTRATION: USING DEVELOPMENTALLY APPROPRIATE PRACTICES IN CHILD CARE**

### **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of licensing, best practice suggests that you learn a lot about the ages and stages of children's development. Parents know that their children grow and develop at individual rates. They will expect your child care practices to support their children in these ways:

- You understand the importance of allowing children to succeed as individuals at their own pace of development,
- You can identify basic milestones of development,
- You can refer parents to community resources for more information on child development for children of all abilities, including children with special needs,
- You use a range of positive guidance strategies that are appropriate to each child's stage of development.

*Licensing requires that you interact with children in ways that are not harmful to their growth and development. Additional training will help you become familiar with the ages and stages of children's individual development. Additional training will also help you to learn a range of positive behavior guidance strategies that will be effective with children of various ages and abilities.*

*Call your local Child Care Resource & Referral agency for this year's schedule of training in the Knowledge Base areas of Child Development and Child Guidance.*

## Montana's Early Learning Guidelines

*Montana's Early Learning Guidelines* are a resource that reflects what children need to know, understand, and be able to do by the time they reach kindergarten. They are written to address what adults can observe in children ages 3-5, and the ways they can support a child's individual development. They are meant to include all children and all of the settings in which they spend time before elementary school: at home, in a child care facility, at a Head Start Program, in a preschool, or in any other setting.

The *Montana's Early Learning Guidelines* are a tool for early care providers to recognize and support all children at the developmental level they exhibit but are not a diagnostic tool, an assessment tool, or a mandatory set of regulations.

*Montana's Early Learning Guidelines* are organized into seven curriculum areas:

- Creative arts,
- Language and literacy,
- Mathematics and numeracy,
- Physical development and health,
- Social-emotional development,
- Science,
- Social studies.

You can get a copy of *Montana's Early Learning Guidelines* from your local Child Care Resource & Referral agency.

## Chapter Five

### Infant & Toddler Care





*This orientation handbook is an OVERVIEW of key regulations for home daycare rather than a complete list of all applicable regulations. Regulations may be subject to revision by Department of Public Health & Human Services.*

*To find the most recent and complete record of regulations, check your orientation folder for the "State of Montana Requirements for Registration of Family and Group Day Care Homes" (DPHHS-UNPAM-101). If you are providing infant care, look for the "Supplemental Regulations for Infant Day Care" (DPHHS-UNPAM-100).*

## DIAPERING AND TOILET TRAINING

### 37.95.1001

- A sufficient supply of clean, dry diapers shall be available and diapers shall be changed as frequently as needed. Disposable diapers, a commercial diaper service, or reusable diapers supplied by the child's family may be used. If non-disposable diapers are used, the facility may launder the diapers using a germicidal process approved by the state or local health department. In the absence of such a process, the facility may not launder non-disposable diapers of enrolled children.

*What types of diapers are used in your facility?*



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- Soiled reusable diapers shall be placed into separate cleanable covered containers provided with waterproof liners prior to transport to laundry, parent, or acceptable disposal. These containers shall be emptied, cleaned and disinfected daily. Soiled disposable diapers shall be disposed of immediately into an outside trash disposal or put in a securely tied plastic bag and discarded indoors until outside disposal is possible. Reusable diapers shall be removed from the facility daily.

*Where are soiled reusable diapers contained?*



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- Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.
- Soft, absorbent, disposable towels or clean reusable towels which have been laundered between each use shall be used for cleaning the child.

*Does the provider use disposable wipes for cleaning the babies during a diaper change?*




---

- Safety pins shall be kept out of reach of infants and toddlers.
- Children shall not be left unattended on a surface from which they might fall.

*How does the provider ensure that the children do not fall?*




---

- All toilet articles shall be identified and separated as to each child and kept in a sanitary condition.
- Diapering and toileting areas shall contain a wash basin that is separate from that used for food preparation.

*Where does handwashing happen after a diaper change?*




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- Toilet training shall be initiated when the child is ready and in consultation with the child's parents or placement agency. There shall be no routine attempt to toilet train children under the age of 18 months.

*What methods are used to toilet train children?*



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## NUTRITION & FEEDING

### 37.95.1003

- An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the child's physician with the knowledge and consent of the parents, guardian or placement agency. A change of diet and schedule shall be noted on each child's daily diet and feeding schedule.

*Is there a feeding schedule for each infant?*



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- A day's supply of formula or breast milk in nursing bottles or formula requiring no more preparation than dilution with water shall be provided by the parents, unless an alternative agreement is reached between the parents and provider ensuring that the infant's nutritional needs are sufficiently met. Bottles of formula or breast milk shall be clearly labeled with each infant's name and date and immediately refrigerated. After use bottles shall be thoroughly rinsed before returning to the parent at the end of the day. Special dietary foods required by the infant shall be prepared by the parents.

*Does the formula used require only that water be added?*



---

- Bottles should not be propped. Infants too young to sit in high chairs shall be held in a semi-sitting position for all bottle feedings. Children who use a bottle should not be allowed to lie on their backs when drinking from the bottle. Older infants and toddlers shall be fed in safe high chairs or at baby feeding tables. Infants 6 months of age or over who show a preference for holding their own bottles may do so provided an adult remains in the room and within observation of the infant. Bottles should be taken from the infant when the child finishes feeding, when the bottle is empty and while the infant is sleeping.

*Are bottles taken from the child when they are finished feeding or when they are sleeping?*



---

- If the parent is unable to bring sufficient or usable formula or breast milk, the facility may use commercially prepared and packaged formulas. Older infants shall be provided suitable foods which encourage freedom in self-feeding. Unused infant food shall be stored in the original container and kept separate from other foodstuffs. Dry cereals, cookies, crackers, breads and similar foods shall be stored in clean, covered containers.

*Does the provider use commercially prepared or packaged formula?*



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- If the container in which the formula was purchased does not include a sanitized bottle and nipple, then transfer of ready-to-feed formula from the bulk container to the bottle and nipple feeding unit must be done in a sanitary manner *in the kitchen*. Bottles filled on the premises of the facility should be refrigerated immediately if not used and contents discarded if not used within 12 hours.

*Are the bottles returned to the refrigerator after feedings if any amount remains?*



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- If bottles and nipples are to be used by the facility, they must be sanitized by boiling for 5 minutes or more just prior to refilling. Terminal (one-step) sterilization and formula is acceptable.

## BATHING

### 37.95.1004

- Bathing shall not be done routinely by the facility but if required:
  - No child shall be left unattended in the bathing area,
  - Bathing materials shall be sanitized after bathing a child,
  - Non-allergenic soap shall be used,
  - Arrangements shall be made so a child can not turn on hot water while being bathed. Water supply to bathing area will not be over 120°F.

*At what temperature is the hot water set?*

4-20

- 
- The bathing area shall be out of drafts and provisions should be made so the child may be completely dried after a bath.





## SLEEPING

### 37.95.1005

- There shall be adequate opportunities for sleep periods during the day suited to the infant's individual needs.
- Unless the child's parent has provided medical documentation from a health care provider ordering otherwise, infants shall be placed on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Infants shall be provided with cribs for sleeping until, at the discretion of the parent and provider, they are safe on a cot or mat. Infants shall not be routinely allowed to sleep in a car seat, infant swing, or other infant apparatus. Cot or mat surfaces may be of plastic or canvas or other material, which can be cleaned with detergent solution and allowed to air dry.

*According to the National Institute of Child Health & Human Development, placing infants to sleep on their backs has been found to reduce the risk of Sudden Infant Death Syndrome (SIDS). Research indicates that infants who are placed to sleep on their backs are not at increased risk for health problems. In fact, they are less likely to develop fevers, get stuffy noses, or develop otitis media (ear infection).*

- Cribs shall be made of durable, cleanable, nontoxic material, and have secure latching devices. Cribs shall have no more than 2 and 3/8 inches of space between the vertical slats. Mattresses shall fit snugly to prevent the infant from being caught between the mattress and crib side rail. Crib mattresses shall be waterproof and easily sanitized. Cribs, cots, or mats shall be thoroughly cleansed before assignment to another infant.

*What is the process to ensure crib, cot and mat sanitation?*



- 
- Cribs, cots, or mats shall be spaced to allow for easy access to each child, adequate ventilation, and easy exit. Aisles between cribs or cots shall be kept free of obstructions while cribs or cots are occupied. The use of stackable cribs for infants is permitted until the infants reach one year of age or weigh 26 pounds, whichever comes first.



- All pillows, quilts, comforters, sheepskins, bumper pads, stuffed toys, and other soft products shall be removed from the crib and play pen. If blankets are used, the infant's head shall remain uncovered during sleep.
- Each infant shall have been provided by the parent with a clean washable blanket or other suitable covering for his/her use while sleeping. Each infant's bedding shall be stored separate from bedding used by other infants.

*Is all infant bedding stored separately, preventing contact between children's bedding?*



- 
- All cries of infants shall be investigated.

*Infants don't use words to communicate their moods, preferences and needs—but they send many signals to the adults who care for them. Their cues are found in their sounds, body movements, facial expressions and eye contact.*

*The caregiver's role is to watch the baby for both verbal and nonverbal cues. Ask yourself, "What message is the child sending?" Adapt your actions, and allow the baby time to show you a response. Watch, ask, and adapt again.*

## ACTIVITIES

### 37.95.1011

- All infants shall have ample opportunity during each day for freedom of movement, such as creeping or crawling or rolling in a safe, clean, open, uncluttered area.

*Does the schedule offer many opportunities for infants to move freely?*



- 
- An infant who is awake shall not spend more than 30 minutes of consecutive time confined in a crib, playpen, jump chair, walker or highchair.

### ***Caution!***

***Use of jump chairs and walkers is discouraged.***

- Each infant shall have individual personal contact and attention by the same adult on a regular daily basis at least once each hour during non-sleeping hours. Examples of personal contact and attention include being held, rocked, taken on walks inside and outside the center, talked to and played with.

*Who are the assigned caregivers for each infant?*



- There shall be sufficient staff so that an adult is always present and supervising.
- There shall be provision for the infant to safely explore and investigate the environment. There shall be both stimulation and time for quiet activity. Infants shall be taken outside for some period during each day in good weather.

*Are there separate activities for immobile infants and mobile infants?*



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*How are infants protected from older children in the family or group home setting?*



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- Each infant shall be allowed to maintain the child's own pattern of sleeping and waking period according to instructions from the parents.

### 37.95.1015

#### **Outdoors**

- Children shall be protected from draft and prolonged exposure to direct sunlight. With the parent's permission, sun screen shall be applied to children over six months old when outdoor conditions dictate.

- The outdoor activity area shall be adjacent to the facility, fenced and free of hazards which are dangerous to the health and life of the children. Every time a child is outdoors, the child must be supervised by a caregiver.
- Adequate protection against insects shall be provided.
- Provision shall be made for both sunny and shady activity areas.

37.95.1016

**Equipment**

- Feeding tables equipped with a harness or highchairs with a broad base and a harness for securing the child, shall be provided for every four children.
- The facility shall provide, adequate and safe equipment such as walkers, swings, playpens, jump chairs, and adult rocking chairs. All equipment must meet current federal safety regulations.

# **BEYOND REGISTRATION: CREATING A QUALITY ENVIRONMENT FOR INFANTS & TODDLERS**

## **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of licensing, best practice suggests that you learn a lot about the developmental characteristics and needs of infants and toddlers. Research shows that caregiver responsiveness in babies' earliest social interactions determine their brain structure, shaping the way children learn, think and behave for the rest of their lives! Parents are very concerned that their infants receive one-on-one loving care. They will expect your infant-toddler care practices to support their children in these ways:

- You recognize the importance of a baby's natural interests.
- You design a safe, interesting, developmentally-appropriate environment that a baby of any ability or special need can explore.
- You plan your schedule to give babies uninterrupted time for exploration.
- You interact with babies in ways that support them emotionally and intellectually.
- You provide babies with close, responsive relationships.

*Licensing requires that you interact with infants and toddlers in ways that are not harmful to their growth and development. Additional training will help you to become familiar with infant-toddler stages of development, infant temperament types, environmental needs of infants and toddlers, infant and toddler nutrition, and special health concerns for infants and toddlers.*

*Call your local Child Care Resource & Referral agency for this year's schedule of training related to the care of infants and toddlers.*



# Chapter Six

## Program Management



*This orientation handbook is an OVERVIEW of key regulations for home daycare rather than a complete list of all applicable regulations. Regulations may be subject to revision by Department of Public Health & Human Services.*

*To find the most recent and complete record of regulations, check your orientation folder for the "State of Montana Requirements for Registration of Family and Group Day Care Homes" (DPHHS-UNPAM-101). If you are providing infant care, look for the "Supplemental Regulations for Infant Day Care" (DPHHS-UNPAM-100).*

*i) HIPPA Requirements*

*Protected Health Information includes a person's private health data or medical records. They must be kept confidential.*

*Do not share information with anyone other than the person it belongs to or his/her parent if the person is a child.*

*Keeping Protected Health Information secure by keeping the information in a secured and preferably locked file cabinet.*

*Remember!*

*All providers must report to licensors any changes within their child care facility including staff changes, new members of household, change of phone number or address, and closure of the facility.*

*Build your business by talking to parents about the high quality features of your child care program. For example, have you been trained to help children develop their early reading and math skills? Does your environment encourage children to explore the dramatic and visual arts? Do you offer hard-to-find care?*

*Take an outsider's look at your home to make sure that it makes a good first impression on potential customers. For example, do your house and yard look clean, cheerful and safe? Is play equipment attractive and appropriate to the age of children you serve?*

## RECORDS

### 37.95.141

- The facility shall keep a daily attendance record of the children for whom care is provided.
- The facility shall have a master list of the name, address and phone number of all children in their care and their parents.
- If medications are administered at the facility, the facility shall maintain a medication administration log.
- All records of the facility shall be made available to the department upon request.

### 37.95.141-5

- Prior to a child being enrolled or entered into a day care facility, the following must be on file and updated annually, on forms provided by the department:
  - Written information on each child explaining any special needs of the child, including allergies,
  - A release or authorization of persons allowed to pick up the child,
  - Necessary medical forms, including signed and updated immunization records and the names of emergency contact persons,
  - An emergency consent form. This form must accompany staff when children are away from the day care site for activities.

- A record of each fire drill conducted pursuant to ARM 37.95.706, including who conducted the drill, when the drill took place, how many adults and children were present, the time of day the drill occurred and how long it took to evacuate.

*How is this information documented for each child?*



*Is QAD/CCC-113 completed for each child?*



37.95.183

- A notation of all injuries must be made on the child's medical records including the date, time of day, nature of the injury, treatment, and whether the parent was notified.

37.95.115

- The following written information shall be made available to all parents:
  - A typical daily schedule of activities,
  - Admission requirements, enrollment, procedures, hours of operation,
  - Frequency and type of meals and snacks served,
  - Fees and payment plan,
  - Regulations concerning sick children,
  - Transportation and trip arrangements,
  - Discipline policies,
  - Department day care licensing requirements.
- The day care facility shall post a copy of the facility registration or license and the phone number of state and

local Quality Assurance Division offices in a conspicuous place. Parents should be encouraged to contact the division if they have any questions regarding the license or the day care regulations.

*Is this posted in an area easily viewed by parents?*



- 
- The licensee or registrant shall allow custodial and non-custodial parental access as well as access by legal guardians to the facility at any time during which child care services are provided, unless there is a current court order preventing parent-child contact.

#### 37.95.128-1

##### **Pediatric Health Statement**

- A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of the infant in the day care facility. The health record form must be signed by:
  - a physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or
  - a physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or
  - a person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or

- a naturopathic physician licensed under Title 37, chapter 26, MCA.

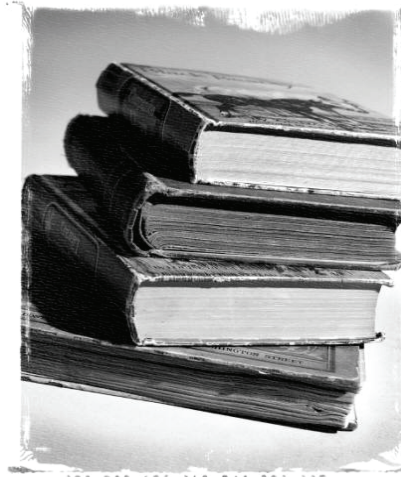
37.95.1003

An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the child's physician with the knowledge and consent of the parents, guardian or placement agency. A change of diet and schedule shall be noted on each child's daily diet and feeding schedule.

*Keep child care business records in a simple filing system—use a small file cabinet or file box for easy access. Ask your accountant to advise you on how long to keep your business license, financial records, insurance policies and tax returns, cancelled checks, payroll records, invoices and contracts.*

**Remember!**

*The provider and all staff and volunteers shall maintain personal information about the child and the child's family as confidential.*



## ***FAMILY & GROUP HOME DAY CARE BUSINESS BEST PRACTICES***

- *Use a written contract that includes only the information for which you want to be held legally accountable (such as fees and payment schedules, schedule of care, parent responsibilities). Other more flexible features of your child care business should be listed in a written policy statement (daily schedule, philosophy, activities and curricula).*
- *Your written contract should include the names, addresses and phone numbers of parents and/or guardians; names, addresses, phone numbers and social security numbers of payers; and names, addresses and phone numbers of adults who will pick up or drop off children. Some providers ask for a copy of a photo ID for the adults who will be picking up children.*
- *Your written contract should include in detail the days and times that care will be provided, as well as any additional services that you will provide (for example, transportation to swimming classes.) Include information about your fees for additional services. Include any extra charges such as a one-time registration fee or annual activity fee in the written contract.*
- *Your written contract should define the amount and time of payment. If a family participates in the state's Best Beginnings Scholarship Program, your local CCR&R will determine their co-pay amount using the state's sliding scale. State in your written contract any charges over and above state-pay that the parent(s) will be expected to cover.*



- *Talk with parents about the child's daily routine for eating, sleeping, and playing. Don't be afraid to ask about moods, energy levels, favorite toys and activities, and food preferences. Don't forget to mention allergies, medications, and medical conditions.*
- *Discuss any strong feelings or concerns you have. Talk candidly with parents about your philosophy on discipline and guidance, television viewing, homework, playtime with friends, daily chores, etc. These issues might be included in your written policy statement.*
- *Best business practices suggest that a child care provider review and renew the contract annually. As you learn more about the market rate for services similar to your own, and about innovative scheduling, payment and collection practices, you will want to make changes to your contract and policies. Build this expectation of annual renewal into your contract up front, so that parents know what to expect.*
- *If you need to raise rates or change payment schedules (for example, from an hourly rate to a flat monthly rate) give parents ample time to prepare financially. Talk to them about the value of your services and your reasons for making this change. If you have customers who don't support your policies, let them go. Child care arrangements are very personal—one size does not fit all.*

*You will need accurate income and expense records when you file your taxes. Use a duplicate receipt book to track the payment you receive from parents. Save your expense receipts to document your costs.*

*An easy way to keep track of income and expenses is to maintain a separate checking account only for your business. Deposit all child care income into this account, and pay all child care expenses out of it. Your check register will be a complete record of business transactions.*

*Someday you may want to grow your child care business. Some programs that may help you expand or improve your business include:*

- *Mini-Grant Program,*
- *Infant-Toddler Mini-Grant Program,*
- *Provider Grant Program,*
- *Montana Child Care Loan Fund.*

*Stay in touch with your local Child Care Resource & Referral agency for updates on these services.*

## **WHAT'S NEXT?**

### **CHILD CARE BUSINESS MANAGEMENT**

#### **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal requirements of licensing, business best practice will guide you to strengthen your child care business' profits and stability. Parents want to know that their child care program is well managed.

Some caregivers subsidize the true cost of quality care by accepting late or low payment. If you are trying to run a business, this attitude will only undermine your success. Calculate what it costs to offer a quality service, keep your enrollment full or nearly full, and research the rates in your community so that you don't undercut yourself.

A successful home day care provider uses all of the following business practices:

- A written contract that includes fee schedule and payment plan,
- A simple record keeping system,
- A separate checking account for all child care transactions.

*Licensing defines the minimal standards of program management for owners/operators of child care facilities. Successful providers update contracts and policies regularly, and seek additional information for financial planning and tax purposes. Call your local Child Care Resource & Referral agency for this year's schedule of training in the Knowledge Base area of Program Management.*



# Chapter Seven

## Training and Professional Development



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## Montana Early Care & Education Career Development

Montana has developed a comprehensive, coordinated career development system for *early childhood practitioners*, the term used for teachers, caregivers, child care providers, educators, trainers and advocates.

The goals of career development are to:

- Define what practitioners need to know,
- Develop a formalized multi-level education and training system for early childhood,
- Ensure that training is high quality and meets the needs of practitioners,
- Provide equal access to education and training through innovative delivery and a coordinated system of planning, promoting and implementing learning opportunities,
- Promote recognitions and increased compensation by formal documentation of practitioners' professional development,
- Celebrate cultural and developmental diversity of practitioners, children and families,
- Help parents make informed choices about early care and education options for their children.



*Early childhood education and child care are no longer thought of as two different programs. You cannot care for young children without educating them, and you cannot educate them without caring!*

## Montana Early Care and Education Knowledge Base

- The Knowledge Base defines what practitioners who work with young children and their families need to know, and includes content areas that define the knowledge, skills, and attributes desirable for practitioners working with children birth through age 12 and their families in a variety of child care settings.
- The Knowledge Base Content Areas are:
  - Cultural and developmental diversity (Skills and attributes related to diversity are imbedded in the following content areas),
  - Personal dispositions,
  - Health, safety and nutrition,
  - Child growth and development,
  - Environmental design,
  - Child guidance,
  - Family and community partnerships,
  - Program management,
  - Curriculum,
  - Observation and assessment,
  - Professionalism.

*In what content areas are your personal strengths? In which areas would you like to grow?*



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# Career Path and Practitioner Registry

## The Career Path

- The Career Path promotes professional development for early care and education practitioners by providing a framework for recording and recognizing professional accomplishments. It names nine levels of professionalism based on training, education, and experience. It is intended to help providers chart a course for their own career development.

*After this orientation, at what level will you be on the Career Path?*



## The Practitioner Registry

- The Practitioner Registry keeps an official record of a provider's professional development by tracking *approved* training received. The computerized Practitioner Registry system is housed at the MSU Early Childhood Project. Providers may request an Application Packet from the MSU Early Childhood Project. Upon completion of documentation of training, experience, and education, a provider will be placed on the Practitioner Registry at a level of the Career Path.

### ***Remember!***

*Only approved training is credited on your licensing record and the Practitioner Registry. Be sure that the training you get is approved! Contact the MSU Early Childhood Project at 1-800-213-6310 or log onto [www.montana.edu/wwwecp](http://www.montana.edu/wwwecp).*

### Approved Training

- Montana's Training Approval System assures quality by approving non-college credit training that relates to the Knowledge Base and Career Path. Check for upcoming approved training in your region at:

<http://www.montana.edu/wwwecp/calendar.html>.

#### *Remember!*

*You cannot receive training credit unless you sign-in at training events using either your individual PS Number (assigned by Child Care Licensing) or your Social Security Number.*

- Trainings offered by your CCR&R agency will be listed in their quarterly newsletter. Be sure to get on the mailing list.

*You are responsible for planning your training and professional development. Work with your local Child Care Resource & Referral Early Childhood Trainer to identify areas in which you want to improve your skills. Make a one-year plan right now. Highlight the training workshops, conferences, and online offerings that will help you reach your child care goals. Don't wait until the end of the year when you may not have a full choice of training options!*

## Best Beginnings Merit Pay

- The highly effective Best Beginnings Merit Pay program encourages child care providers to participate in additional training above and beyond that required by licensing.
  - Merit Pay I awards either \$250 for a 23-hour track or \$500 or a 50-hour track of non-college credit approved training.
  - Higher Ed Merit Pay is available twice a year for a total of \$1500. Higher Ed Merit Pay awards \$750 per semester for 6 credits of completed college coursework or training that leads to a CDA certificate, CCDS Apprenticeship Certificate, AA degree, BA or BS degree, or MA degree in Early Childhood.
  - Infant-Toddler Merit Pay awards \$400 for completion of the 60-hour track of Montana Infant-Toddler Training (a.k.a. West ED Infant-Toddler Training).
- Early Childhood professionals must be working a minimum of 15 hours a week in:
  - A registered group or family child care home,
  - A licensed child care center,
  - A Montana Head Start, Early Head Start or Tribal Head Start.
- Details of the Merit Pay program are subject to change. For the most recent information about the Merit Pay program or to obtain an application, contact your local Child Care Resource & Referral agency.

## Early Childhood Higher Education

- Many higher education options are available to Montana early care practitioners:
  - The Child Development Associate (CDA) credential training for college credit is offered through some universities, community and tribal colleges around the state,
  - Two-year Associate Degree programs are offered through some universities, community and tribal colleges,
  - Four-year Bachelor Degree programs are offered through some universities, community and tribal colleges,
  - Master Degree programs are offered through universities.
- Some day you may want better understanding, increased and more current knowledge, higher skill levels, and enhanced professionalism in your work with children and families. A higher education degree will help you to achieve these goals.

- A higher education can also improve your wages through increased access to Best Beginnings grants and the "Star Quality" reimbursement program. Further, many providers become more confident in the market value of their services when they earn a degree. They adjust their rates and tighten up their business policies, improving their profits.
- If you are interested in pursuing a higher education credential or degree in early childhood, talk to your local Child Care Resource & Referral Early Childhood Trainer or call the MSU Early Childhood Project (1-800-213-6310).

*A range of programs is available to help you develop your skills and build your business. Stay in touch with your local Child Care Resource & Referral agency for updates on the following programs:*

- *Merit Pay I Program,*
- *Higher Ed Merit Pay Program,*
- *Infant-Toddler Merit Pay Program,*
- *Infant-Toddler Stipend Program,*
- *Mini-Grant Program,*
- *Infant-Toddler Mini-Grant Program,*
- *Mentoring Program,*
- *Early Childhood Apprenticeship Program,*
- *Star-Quality Tiered Reimbursement Program.*

## **WHAT'S NEXT? PROFESSIONAL DEVELOPMENT**

### **Tips and Training**

Licensing rules are the floor of quality below which you cannot go. Above and beyond the minimal annual training requirement, best practice suggests that you seek ongoing improvement of your skills for working with children and families. Parents know that your expertise is the key to quality child care. They will see your professionalism in your commitment to continuing education, your personal goals for professional development, and your familiarity with Montana child care training programs.

As a beginning family or group day care home provider, you can build your professionalism by:

- Completing annual training as required by licensing,
- Setting clear goals for training, targeting areas of need and upcoming opportunities,
- Knowing your level on the Montana Early Care & Education Career Path and participating in the Practitioner Registry,
- Joining a local early childhood professional organization,
- Being aware of Best Beginnings programs.



*Licensing defines the annual training required by the state. As you continue to work in a child care setting, you will become more interested in longer coursework, more intensive study, and more applied learning on a range of topics. This is when the Career Path, Practitioner Registry, Merit Pay, Provider Grants, apprenticeships, accreditation, and higher education degree programs will become important to you.*

*Call your local Child Care Resource & Referral agency and ask to be added to their provider newsletter mailing list. This is one way to stay informed about opportunities for training, incentive programs, and professional development opportunities.*

# Glossary

## Commonly Used Terms And Acronyms

- **Best Beginnings Programs:** The name given all state funded child care programs in Montana. It may refer to the ***Best Beginnings Scholarship Program*** which provides child care payment assistance for low-income families (also known as child care subsidy). It may also refer to ***Best Beginnings Quality Initiatives*** which fund merit pay, grants, and other activities to boost caregiver skills and professional development.
- **Child and Adult Care Food Program (CACFP):** A federally funded US Department of Agriculture program that subsidizes the costs of nutritious meals and snacks for children in child care and adults in elder care. Payment is based on a tiered system for families of differing income levels. Sponsored by child care centers and non-profit agencies, it is an important support for Montana child care facilities.
- **Child Care and Development Block Grant (CCDBG):** The federally funded block grant that pays child care subsidies to low income working parents, supports child care administration and licensing, and funds statewide quality improvement activities. It is reauthorized by Congress every five years along with the TANF block grant. It requires state match.
- **Child Care Development Fund (CCDF):** The term used by the US Department of Health and Human Services to describe the combination of CCDBG, state match, and TANF funding with which a state funds child care services.

- **Child Care Resource & Referral (CCR&R):** Agencies that help parents find and pay for child care, and recruit and train child care providers. Montana has 12 community-based CCR&R agencies offering services in every county.
- **Child Care Development Specialist (CCDS):** A certificate
- **CCUBS (Child Care Under the Big Sky):** Montana state government computer program and data base used to track child care licensing and subsidy information.
- **Child Development Associate (CDA):** A credentialing program for child care professionals.
- **Continuing Education Units (CEUs):** Training credits required to maintain some professional certifications and/or early childhood employment.
- **Department of Public Health and Human Services (DPHHS):** The Montana state department that houses the Early Childhood Services Bureau and Child Care Licensing. DPHHS administers CCDBG and TANF Block Grants.
- **Early Childhood Services Bureau (ECSB):** This bureau is part of the Human and Community Services Division of Montana DPHHS, and oversees all state-funded child care activities except child care licensing.
- **Early Childhood Project (ECP):** The Early Childhood Project at Montana State University in Bozeman houses the *Montana Early Care and Education Career Development Project*, whose activities improve caregiver professionalism. ECP also sponsors child care research and quality improvement projects. Also known as MSU-ECP.
- **Legally Unregistered Provider (LUP):** The friends, family members, and neighbors chosen by low income working parents to provide state subsidized child care. LUPs must attend a brief

orientation and pass a criminal background check. An LUP who offers care in the parent's home is called a **Legally Unregistered In-Home Provider (LUI)**.

- **Montana Advocates for Children (MAC):** A coalition of Montana early childhood organizations that works to build public awareness and advocacy for children's issues, including child care, at the state and federal levels.
- **Montana Afterschool Network:** A coalition of licensed afterschool programs, school-based programs, youth development organizations and mentoring programs working together to improve availability and affordability of afterschool care.
- **Montana Association for the Education of Young Children (MtAEYC):** A statewide professional organization of center and home-based child care providers, center and preschool directors and staff, and elementary school teachers. It has local/regional chapters within the state. It is a state affiliate of the national advocacy organization, NAEYC.
- **Montana Child Care Association (MtCCA):** A statewide professional organization which has many members from the home-based child care industry. It has local/regional chapters within the state.
- **Montana Child Care Resource & Referral (MCCR&R) Network:** A nonprofit organization whose members are the 12 CCR&R agencies serving Montana. Services include data collection, support for standardized services, systems-building and advocacy activities.
- **Montana Early Childhood Advisory Council (MECAC):** This is a DPHHS-appointed advisory body to the Early Childhood Services Bureau which gives input on state and federal child care programs. MECAC hosts three working committees: Quality Committee, Program Policy Committee, and Public Policy Committee. Meetings are open to the public.

- **Montana Head Start Association (MHSA):** A professional organization representing staff and parents from all Montana community-based and tribal Head Start and Early Head Start programs statewide.
- **Montana Out-of-School Time (MOST):** Projects funded by ECSB to improve quality and availability of school-age care.
- **National Association for the Education of Young Children (NAEYC):** A membership association that conducts research, hosts a national conference, advocates on federal legislation, and accredits child care centers. Its activities focus on the education and development of children ages birth through 8 years.
- **National Association of Family Child Care (NAFCC):** A national membership association of home-based child care providers. Offers a family child care accreditation.
- **National School-Age Care Association (NSACA):** A national membership association of school-age care providers. Offers a school-age care accreditation.
- **Office of Public Instruction (OPI):** Montana department for K-12 education services, including the 21<sup>st</sup> Century Community Learning Program that funds afterschool programs around the state.
- **PS Number:** Identification number assigned by Quality Assurance Division to individuals working in Montana's licensed/registered child care system. Used to document training credit.
- **PV Number:** Identification number assigned by Quality Assurance Division to facilities in Montana licensed/registered child care system.
- **Quality Assurance Division (QAD):** The division of DPHHS responsible for licensing and inspecting child care facilities statewide.

- **Training and Technical Assistance (T&TA):** A generic term for training and support services, in Montana it refers to an individualized service provided by Child Care Resource & Referral agencies for center and home-based child care providers.
- **Temporary Assistance to Needy Families (TANF):** The federally-funded welfare-to-work program that is block granted to every state. In Montana, TANF dollars are used to fund a variety of DPHHS services including welfare, employment training, supplemental services, mental health, and child care. TANF funds may be transferred by a state to its Child Care Development Fund and used to pay child care subsidy for low income working families.
- **US Department of Agriculture (USDA):** The federal agency that funds and oversees the Child & Adult Care Food Program.
- **21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC):** A federally-funded block grant to states that provides awards to afterschool care and enrichment programs in selected low income, low performing school districts. In Montana, the funds are administered by OPI. Afterschool services may be provided to children from elementary grades through high school.

# Forms

## MEDICATION AUTHORIZATION FORM

### TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Program Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \*\*\*\*\*

**To administer a prescription medication:**

- The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, doctor's/nurse practitioners name, pharmacy name and telephone number
- Samples must be accompanied by a doctor's written prescription
- Medications are to be given only to the child indicated on the label (twins and siblings can not share.)
- A separate authorization is required for *each medication* and *each episode* of illness
- Label constitutes the physicians/nurse practitioner's order
- Parent/Guardian is to give as many doses as possible at home.

Medication: \_\_\_\_\_  
 Reason for giving: \_\_\_\_\_  
 Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM On date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Possible side effects: \_\_\_\_\_

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

**Parent/Guardian Signature** (required) \_\_\_\_\_  
 Physician/Nurse Practitioners Signature \_\_\_\_\_  
 \*\*\*\*\*

**Non-Prescription Medication:**

- Parent is required to bring these medications from home.
- Medication must be in an original container, with child's name on the container.

Medication: \_\_\_\_\_ Health Care Provider \_\_\_\_\_  
 "For children under 2, list the name of the health care provider who recommended this medication."

Reason for giving: \_\_\_\_\_  
 Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM on date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Possible side effects: \_\_\_\_\_

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

**Parent/Guardian Signature** (required) \_\_\_\_\_

Unused medication: Returned to Parent Y/N \_\_\_\_\_ or, discarded appropriately (circle one)

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \*Keep in the child's file when medication is finished.

---

## Sample Directions for Use of a Medication Log

1. The medication log is used to document that medication has been given to a child. Because this log is a legal document you must initial and sign each entry in ink.
2. Each medication given in the child care facility will need to have the following information written on the log:
  - Child's Name
  - Child Care Facility
  - Medication Name
  - Dosage—this must be the same as on the bottle and authorization form
  - Time the medication is to be given and time span for medication (e.g., days, weeks, months)
  - For Prescription medication--Name of person with Prescriptive Authority
  - Picture of the child if child is five years of age or younger
3. Have the log with you when you are giving any medication. Remember to check the information and compare it with the medication label before you give the medication to the child. Check to see if the medication has already been given to the child for that day and at that time by any other person.
4. It is preferable to assign one person to give all medications to the child for the day to avoid double dosing or missing a dose. Identify the child by name before giving the medication to the child and/or check the attached picture of the child.
5. Immediately after giving the medication, document:
  - Name and dosage of medication
  - Time the medication was given
  - Day and date the medication was given
  - Initials of the person administering the medication
6. If the medication is dropped on the floor, the child refuses to take the medication, spits out the medication, or any other unusual occurrence happens, make note (or designate NG for not given) in the Comment area and contact the parent.
7. If the child is absent from the facility, not in the Comment area an "A" for absent.
8. When the log is discontinued, write the date of discontinuation and arrange for the parent to pick up medication container, or dispose of any left over medication.



- **Use One Sheet for Each Child**

Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of Facility \_\_\_\_\_  
Class \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Start date of medication) (End date)  
Name of Parent \_\_\_\_\_ Parent Work # \_\_\_\_\_ Parent Home \_\_\_\_\_  
Person with Prescriptive Authority \_\_\_\_\_  
(name of health care provider prescribing the medication)

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Times \_\_\_\_\_

Length of time medication is to be given \_\_\_\_\_

[illegible]

Signature	Initials	Date
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DATE	DESCRIPTION	AMOUNT

- If the child is absent, (designate with an “A”) or if for any reason, the medication is not given, (designate with “NG”) indicate in the “comment” column.
- If NG, document the reason for not giving medication in the “comment” column

State of Montana  
Department of Public Health and Human Services  
Quality Assurance Division – Licensure Bureau  
Child Care Licensing

**EMERGENCY CONTACT AND PARENTAL CONSENT**

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mother / Legal Guardian's Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father / Legal Guardian's Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Physician / Medical Care Source: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Health Insurance Carrier & Policy Number: \_\_\_\_\_

Persons authorized to pick up child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

– SEE REVERSE SIDE –

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**WRITTEN CONSENT IS GIVEN FOR:**

☐ **Yes** ☐ **No** EMERGENCY MEDICAL CARE

☐ ADMINISTRATION OF PRESCRIPTION MEDICATIONS **Medication Authorization form and Medication Administration Log Must be completed**

☐ ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS **OTC Medication Authorization Form and Medication Administration Log must be completed**

☐ ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:  
Please Specify:

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☐ **TRIPS:** ☐ **Yes** ☐ **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

☐ **Yes** ☐ **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

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**HEALTH HISTORY**

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

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YES NO  
Allergies or reaction: (food or other) ☐ ☐  
Please Explain:

---

YES NO  
Other Health Concerns (special disabilities): ☐ ☐  
Please Explain:

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SIGNATURE OF PARENT OR GUARDIAN

DATE

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**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
State of Montana -- Pediatric Health Statement**

Infant/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**EXAMINATION:**

Known Health Conditions: \_\_\_\_\_

Allergies (specific): \_\_\_\_\_

Special Medication: \_\_\_\_\_

Immunizations Current: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I have examined \_\_\_\_\_ and find no unusual health risks to him/her  
or to other children in the day care setting.

\_\_\_\_\_  
(PLEASE PRINT - Provider's Name)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

PLEASE CONSULT: ARM 37.95.128

# DPHHS-DCH-200, revised 12/2004

### LUP/LUI IMMUNIZATION WAIVER

I \_\_\_\_\_ have chosen not to have my child immunized for the following reason:

- ☐ The child is being cared for by an approved relative (grandparents, great-grandparents, aunt or uncle)
- ☐ The child is being cared for in his/her own home
- ☐ The child has a medical condition that contraindicates immunization

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*White Copy to Resource & Referral Office*

*Yellow Copy to Provider*

*Pink Copy to Parent*

**NON-INGESTIBLE  
OVER THE COUNTER (OTC) MEDICATION  
AUTHORIZATION FORM**

**TO BE COMPLETED BY PARENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*  
**I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):**

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**To administer a non-ingestible over the counter (OTC) medication:**

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N \_\_\_\_\_

**Parent/Guardian Signature** (required) \_\_\_\_\_

\* **This document must be updated on an annual basis.**

**Unused Medication:** Returned to Parent Y/N \_\_\_\_\_ or \_\_\_\_\_ Discarded Appropriately \_\_\_\_\_ (circle one)

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Keep in the child's file when medication is finished.



DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

INFANT FEEDING SCHEDULE  
SAMPLE

Infant/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**An individual form must be completed for all infants, ages 0 to 24 months.**

Note the type of formula, milk, juice, and/or solids that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

	Type	Average Daily Amount
Formula:		
Milk:		
Juice:		
Solids:		

List the approximate times that the infant eats and what he normally eats at each designated time. Formula; Milk; Juice; Solids and the approximate amount (i.e. ounces):

Time:	Formula, Milk, Juices, Solids

List any special considerations, (i.e. food allergies):

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Parent Signature

Date

Provider Signature

Date

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE DIVISION  
CHILD CARE LICENSING

CHILD CARE FACILITY  
FIRE SAFETY RECORD AND EVACUATION PLAN

*Please Post*

**Check Daily:**

- Evacuation plan and procedures are posted
- Exits open freely; exits are not blocked
- Electrical appliances are working properly
- Electrical outlets are not overloaded
- Extension cords are not used in place of permanent wiring
- Fireplaces, wood burning stoves, fireplace inserts, heaters, etc., are used safely and barricaded when needed
- Combustible rubbish is not allowed to accumulate
- Flammable or combustible material is stored safely

**MONTHLY FIRE DRILL RECORD**

Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date:												
Time:												
Number of Children:												
Number of Adults												
Length of Drill:												
Initials of Tester												

**SMOKE DETECTOR**

Date Detector Checked (Monthly)												
Date Batteries Replaced (Annually)												
Initials of Tester												

**FIRE EXTINGUISHER RECORD**

Date Extinguishers Serviced (Annually)												
Initials of Tester												

*Please write your plan to evacuate children from your facility in case of fire. Use the back of this sheet or attach another sheet answering the following questions!*

1. *What will the person discovering the fire do?*
2. *How will you sound the alarm?*
3. *What will you do before the fire department arrives?*
4. *How will you make sure all persons are evacuated and accounted for?*

*Providers Name / Address:*

*Date:*